2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUI	MENT # <b>P04000062</b> 2	211	1			FI	LEU	)		
A & D RE	ALTY GROUP, INC.					05 MAY	-4 PM	4:49		
Principal Place	e of Rusiness			1	CECSIT I	ARY OF	SIAIL	٨		
		Mailing Address	•			SECHT.	SSEE, F	FOKIDA	•	
21 OLD KIN #B212	GS HOAD N.		21 OLD KINGS ROAD N. #B212			TALLAM				
PALM COAS	ST FL 32137	PALM COAST FL 32137								
			111							
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			t MOORE	CR2E034	(10/04)		
City & State	9	City & State	City & State			<u>59952</u>	<u>775</u>	<del></del>	plied For 1 Applicable	
Zíp	Country	Žip	Zip Count		5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Curre	nt Registered Agent	<del></del>			weW to eastbbA b	Registered A	gent		
	<u> </u>			Name					··	
21 0	S, CARLOS A SR. OLD KINGS ROAD N.				Street Address (P.O. Box Number is Not Acceptable)					
821	2		ļ							
PAL	M COAST FL 32137			- Cia			7'a Cam			
				City			FL	Zip Code	•	
	named entity submits this statemen	t for the purpose of changing Its	register	ed office or registe	red agent, or bo	oth, in the State of F	lorida. 1 am f	amiliar with,	and accept	
the obligations of registered agent.										
SIGNATURE Signature, lyped or printed name of registered eigent and lide of applicable. (NOTE Registered Agent signature required when reinstating)  OATE										
A SANGER HIGHWAY CONTROL OF THE PROPERTY AND THE PROPERTY OF T										
Filte NOW!!! FEE IS \$150.00 May Be Added to Fees Make Check Payable to Florida Department of State										
10.	OFFICERS AN	ND DIRECTORS	11.	<del> </del>	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	5 IN 11	
TITLE	S, T	☐ Celete	TITU					Change	Addition	
NAME	DIAS, CARLOS A SR. NAM			E						
STREET ADDRESS	IRET ADDRESS 21 OLD KINGS ROAD N. B212			ET AODRESS						
CITY-ST-ZIP	SI-ZIP PALM COAST FL 32137			-ST-ZIP						
TITLE			fifu	:				Change	Addition	
NAME			NAM	E						
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CITY-ST-ZIP	<u> </u>		CITY	-ST-ZIP						
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IIILE		Deleta	TITU	•			\	Change	Addition	
NAME STREET ADDRESS	<u>[</u>		MAN 1972	EEI AODRESS			<b>N</b> [[			
CITY-ST-ZIP				-ST-ZIP		$\overline{}$		Λ		
TITLE		☐ Delete	TITL	<u> </u>			<del>- \ \   -</del>	(D) (Hange	Addition	
NAME		C) Value	NAM				+NV	41.6		
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CITY-ST-ZIP	ì		CITY	-SI-ZIP			/ 1/_			
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STREET ADORESS			STR	EET ADDRESS		_	`	$\overline{}$	•	
CITY-ST-ZIP				r-ST-28P						
12.   hereby	certify that the information supplied	with this filing does not qualify to	or the exe	mption stated in S	ection 119.07(3	)(i), Florida Statute	s. I turther cer	tify that the in	ntormation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
changed, or on an attachment with an address, with all other size empowered.										
$\mathcal{L}_{0}$										
SIGNATURE: COLORS, MICH - Tres, (LARLOS A, VIAS / 3/1/05 986-998										

04-13-2005 90035 016 \*\*\* 150.00