

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000090110

1. Entity Name
ADRIAN BUILDERS, INC.



Principal Place of Business
4155 SW 130 AVE
201
MIAMI, FL 33175

Mailing Address
4551 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

MIAMI, FL

Zip

Zip

33175

Country

USA

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENT, INC.
4551 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

Name

Henry A. Lopez-Aguilar, P.A.

Street Address (P.O. Box Number is Not Acceptable)

9415 Sunset DR, #119

City

MIAMI, FL

Zip Code
33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ADRIAN, ALVARO L
4155 SW 130 AVE, SUITE 201
MIAMI, FL 33175

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
ADRIAN, ALVARO L.
4155 SW 130 AVE, Suite 201
MIAMI, FL 33175

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

Daytime Phone #

**FILED
May 12, 2008 8:00 am
Secretary of State**

05-12-2008 90026 034 ***150.00

