

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-12-2008 90026 034 ***150.00

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 4155 SW 130 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201			
City & State		City & State Miami, FL		03312008 Chg-P CR2E034 (12/06)	
Zip	Country	Zip 33175	Country USA	4. FEI Number 20-1228288	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ASA REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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: DATE: 4/7/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete ADRIAN, ALVARO L. 4155 SW 130 AVE, SUITE 201 MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADRIAN, ALVARO L. 4155 SW 130 AVE, Suite 201 MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date: 4/13/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		