


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000092693</b> 1. Entity Name <b>ADL MECHANICAL, INC.</b>			<b>FILED</b>  2005 JUL 15 PH 3:42  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>12916 S W 132ND COURT MIAMI, FL 33186</b>		Mailing Address <b>12916 S W 132ND COURT MIAMI, FL 33186</b>	
2. Principal Place of Business <b>17 Mangrove Lane</b> Suite, Apt. #, etc.	3. Mailing Address <b>17 Mangrove Lane</b> Suite, Apt. #, etc.		
City & State <b>Key Largo, FL</b>		City & State <b>Key Largo, FL</b>	
Zip <b>33037</b>	Country <b>Monroe</b>	Zip <b>33037</b>	Country <b>Monroe</b>
4. FEI Number <b>20-1258610</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>STRAUSS, RONALD I P.A. 2601 SOUTH BAYSHORE DRIVE SUITE 1400 MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOPEZ, JORGE L</b> <input type="checkbox"/> Delete <b>11122 S W 148TH PLACE</b> <b>MIAMI, FL 33196</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>LOPEZ, DANIEL A</b> <b>17 MANGROVE LANE</b> <b>MIAMI, FL 33037</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lopez, Daniel A</b> <b>2665 S W 37th Avenue Apt 1208</b> <b>Miami FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR</b> <input type="checkbox"/> Delete <b>LOPEZ, DANIEL A</b> <b>17 MANGROVE LANE</b> <b>MIAMI, FL 33037</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300057801653</b> <b>07/22/05--01062--015 **70.00</b>
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>7/14/2005</b> Daytime Phone # _____	

7/20/05