

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90187 002 \*\*\*150.00

**DOCUMENT # P04000093916**

1. Entity Name  
**ADRIAN BUILDERS AVIATION, INC.**



Principal Place of Business  
**2460 SW 137TH AVE., SUITE 228  
MIAMI, FL 33175**

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

**40082333**



2. Principal Place of Business - No P.O. Box #  
**4155 SW 130 Ave**

3. Mailing Address

Suite, Apt. #, etc.  
**201**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

Zip  
**33175**

Country

Zip

Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number

**APPLIED FOR- 20-1282104**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
2460 SW 137TH AVE., SUITE 228  
MIAMI, FL 33175** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**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

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TITLE  
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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

Date

Daytime Phone #