2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000097733

1. Entity Name

ADRIANBUILDERS AT TAMIAMI AIRPORT III, INC.



Principal Place of Business

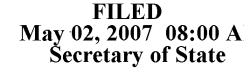
4155 S.W. 130 AVENUE

SUITE 201 MIAMI, FL 33175 Mailing Address

4155 S.W. 130 AVENUE

SUITE 201

MIAMI, FL 33175





DO NOT WRITE IN THIS SPACE

04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 27-0108294

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABALLERO, MARCIA B ESQ. 9192 CORAL WAY SUITE 201 MIAMI, FL. 33165

DO NOT WRITE IN THIS SPACE

IVIIAIVII, I'L	. 33103				
8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or bot	h, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	f applicable (NOTE: Register	red Agent signature	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			and the state of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ADRIAN, ALVARO L 4155 S.W. 130TH AVENUE #201 MIAMI, FL 33175			: · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000755948 05/23/07-80012-003,150.00

12. I hereby certify that the information supplied with this filling 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 employered 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 accuracy for all objects to empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07

Daytime Phone #