## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secrétary of State **DOCUMENT # P04000145179** 07-21-2005 90031 033 \*\*\*158.75 1. Entity Name ADRA INC. Principal Place of Business Mailing Address 110 1ST SAN MARINO TERRACE 110 1ST SAN MARINO TERRACE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1775634 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANJUANBENITO, JOSE JAVIER LAINEZ, LEONARDO Street Address (P.O. Box Number is Not Acceptable) 515 SW 97 COURT MIAMI, FL 33174 110 1st SAB NARUBI TERRACE MIAMI BEACH 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 07/20/2005 JOSE JAVIER SANJUANBENITO SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANJUANBENITO, JOSE JAVIER NAME NAME STREET ADDRESS 110 1ST SAN MARINO TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME AROS, CLAUDIA NAME 110 1ST SAN MARINO TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEF Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY - ST - Z)P CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 unit all other like empowered.

07/20/2005

Date

(305) 300-2577

Daytime Phone #

JOSE JAVIER SANJUANBENITO

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE** 

FILED Jul 21, 2005 8:00 am Jule 20, 2005

Florida Department of State Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, Florida 32302-1500

Subject: ADRA MC.

Document Nof: P04000145179

Dear Sir or Madam:

We want to inform you that we did not receive The 2005 Uniform Business Report on time. After three months of having called, we still have received the form. We just realized that it could be downloaded from the internet which we did not have access previously.

Due to the above-mentioned inconvenience, we did not send the payment before, until now. We are soliciting you to please waive the assigned late fees. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at (305) 300-2577 We will be waiting for your prompt and positive response.

Cordially,

Jøse Javier Sanjuanbenito

President