2008 FOR PROFIT CORPORATION

May 02, 2008 8:00 am Secretary of State ANNUAL REPORT 05-02-2008 90112 002 ***150.00 DOCUMENT # P04000151832 ADCH ENTERPRISES, INC. Principal Place of Business Mailing Address 9425 BIRD ROAD 9425 BIRD ROAD **MIAMI, FL 33165** MIAMI, FL 33165 04292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1897298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAVEZ, ANA DELMY DO NOT WRITE 9425 BIRD ROAD MIAMI, FL 33165 IN THIS SPACE 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS PD TITLE CHAVEZ, ANA DELMY NAME STREET ADDRESS 9425 BIRD ROAD CITY-ST-ZIP MIAMI, FL 33165 STD TITLE CHAVEZ, MARIO NAME STREET ADDRESS 9425 BIRD ROAD MIAMI, FL 33165 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of rustee 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.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #

FILED