FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90389 006 ***158.75

DOCUMENT # P04000169134

1. Entity Name
ADWANO INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

14012545
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc: 307 HAMMOCK PINE	Suite, Apt #, etc: 307 HAMMOCK PINE
City & State: CLEARWATER, FL.	City & State: CLEARWATER, FL.
Zip: 33761 / Country: U.S.A.	Zip: 33761 / Country: USA

4. FEI Number: 59-3791863 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
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 reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTO	TITLE	
NAME	PASTORE, GARY L.	NAME	
STREET ADDRESS	307 HAMMOCK PINE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL. 33761	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	DI COLA, DAVID	NAME	
STREET ADDRESS	307 HAMMOCK PINE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL. 33761	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gary L Pastore GARY L. PASTORE 4/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #