FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
06 APR 17 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000169134

1. Entity Name
ADWANA INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

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

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

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

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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 _____ DATE
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	PASTORE, GARY L.
STREET ADDRESS	307 HAMMOCK PINE
CITY-ST-ZIP	CLEARWATER, FL. 33761
TITLE	VS
NAME	DiCOLA, DAVID
STREET ADDRESS	~~307 HAMMOCK PINE~~
CITY-ST-ZIP	493 CHERRY COURT,
	PITTSBURGH, PA. 15237

100072724451
04/28/06--01030--023 **158.75

CR2E034B (12/02)

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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 Pastore GARY L. PASTORE 4/11/06 727-599-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #