

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90003 021 \*\*\*150.00

DOCUMENT # P05000002318					
1. Entity Name AMERICAN DETECTIVE BUREAU, INC					
Principal Place of Business 801 W. 49TH STREET SUITE 220 HIALEAH, FL 33012			Mailing Address 801 W. 49TH STREET SUITE 220 HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # <b>8050 NW 103 ST</b>		3. Mailing Address <b>8050 NW 103 ST</b>			
Suite, Apt. #, etc. <b>108</b>		Suite, Apt. #, etc. <b>108</b>			
City & State <b>Hialeah Gardens, FL</b>		City & State <b>Hialeah Gardens, FL</b>			
Zip <b>33016</b>		Country <b>USA</b>		Zip <b>33016</b>	
Country <b>USA</b>		4. FEI Number 20-2114535			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MARINO, ULISES 801 W. 49TH STREET SUITE 220 HIALEAH, FL 33012				7. Name and Address of New Registered Agent  Name <b>MARINO, ULISES</b> Street Address (P.O. Box Number is Not Acceptable) <b>8050 NW 103 ST</b> <b># 108</b> City <b>Hialeah Gardens</b> FL Zip Code <b>33016</b>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, ULISES 801 W. 49TH ST #220 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8050 NW 103 ST, 108</b> <b>HIALEAH GARDENS, FL 33016</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6/13/07</b> Daytime Phone # <b>201-231-1234</b>		