

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90125 002 \*\*\*150.00

**DOCUMENT # P05000013884**

1. Entity Name  
**ADOTON APARTMENTS CORPORATION**



Principal Place of Business  
**3700 SW 129 AVENUE  
MIAMI, FL 33176**

Mailing Address  
**3700 SW 129 AVENUE  
MIAMI, FL 33176**

40045143



2. Principal Place of Business - No P.O. Box #  
**15459 SW 24 TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**15459 SW 24 TERR**  
Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**20-2337788**

Applied For  
Not Applicable

Zip  
**33185**

Country

Zip  
**33185**

Country

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

**6. Name and Address of Current Registered Agent**

**BARROSO, ANTOLOGO  
3700 SW 129 AVENUE  
MIAMI, FL 33176**

**7. Name and Address of New Registered Agent**

Name  
**BARRISO Antolino**

Street Address (P.O. Box Number is Not Acceptable)

**15459 SW 24 TERR**

City  
**Miami** **FL** Zip Code **33185**

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]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-9-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BARROSO, ANTOLOGO  
3700 SW 129 AVENUE  
MIAMI, FL 33176** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BARROSO, ADELAIDA  
3700 SW 129 AVENUE  
MIAMI, FL 33176** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BARRISO Antolino  
15459 SW 24 TERR  
MIAMI FL 33185** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BARRISO Adelaida  
15459 SW 24 TERR  
MIAMI FL 33185** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-07**

Date

Daytime Phone #