

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102362

Entity Name: ADCOSY CORPORATION

FILED
Mar 24, 2007
Secretary of State

Current Principal Place of Business:

11950 SW 12TH ST
PEMBROKE PINES, FL 33025

Current Mailing Address:

11950 SW 12TH ST
PEMBROKE PINES, FL 33025

New Principal Place of Business:

20335 WEST COUNTRY CLUB DRIVE
APT# PH4
AVENTURA, FL 33180

New Mailing Address:

20335 WEST COUNTRY CLUB DRIVE
APT# PH4
AVENTURA, FL 33180

FEI Number: 47-0958051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREZ, MARIA
11950 SW 12TH ST
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

FLOREZ, MARIA D
20335 WEST COUNTRY CLUB DRIVE
APT# PH4
AVENTURA, FL 33180 US

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.

SIGNATURE: MARIA D FLOREZ

03/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: FLOREZ, MARIA
Address: 11950 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPD () Delete
Name: ARISMENDY, LADY
Address: 11950 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: ARISMENDI, CARLOS F
Address: 11950 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: FLOREZ, MARIA D
Address: 20335 WEST COUNTRY CLUB DRIVE PH4
City-St-Zip: AVENTURA, FL 33180

Title: VPD (X) Change () Addition
Name: ARISMENDY, LADY J
Address: 20335 WEST COUNTRY CLUB DRIVE PH4
City-St-Zip: AVENTURA, FL 33180

Title: S (X) Change () Addition
Name: ARISMENDY, CARLOS F
Address: 20335 WEST COUNTRY CLUB DRIVE PH4
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA D FLOREZ

PDT

03/24/2007

Electronic Signature of Signing Officer or Director

Date