2007 FOR PROFIT CORPORATION

SIGNATURE:

FILED Apr 18, 2007 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P05000116875** 1. Entity Name ADRIANS PRODUCTIONS INC. Principal Place of Business Mailing Address 7701 SW 17 TERRACE 7701 SW 17 TERRACE MIAMI, FL 33155 MIAMI, FL 33155 04162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3353558 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent The first take the first warmen to be required to be selected DO NOT WRITE VASQUEZ, RICARDO A 7701 SW 17 TERRACE MIAMI, FL 33155 IN THIS SPACE * 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, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PST TITLE VASQUEZ, RICARDO A NAME STREET ADDRESS 7701 SW 17 TERRACE CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP ΠŢLE NAME STREET ADDRESS CITY-ST-ZIP THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ~~~~~~~~~uppopo713720° NAME STREET ADDRESS ን · . . ቀቃ 04/26/07#80191-003 · 150.00 CITY-ST-ZIP NAME STREET ADDRESS 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 hade 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR