FILED
Jun 12, 2006 8:00 am
Secretary of State
05-01-2006 90367 040 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000132787

1. Entity Name
ADAR GROUP, INC.

Principal Place of Business	Mailing Address
1111 PARK CENTER BLVD. #453 MIAMI, FL 33169 US	1111 PARK CENTER BLVD. #453 MIAMI, FL 33169 US

66018492

02102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1250 E. HALLANDALE BEACH BLVD		1250 E HALLANDALE BEACH BLVD.	
Suite, Apt. #, etc.: SUITE 404		Suite, Apt. #, etc.: SUITE 404	
City & State: HALLANDALE B, FL		City & State: HALLANDALE B. , FL	
Zip: 33009	Country: US	Zip: 33009	Country: US

4. FEI Number: 20-5007931 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL FELDMAN, P.A.
407 LINCOLN ROAD, SUITE 701
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: ADAR, AMRAM
Street Address (P.O. Box Number is Not Acceptable): 1250 E. HALLANDALE BEACH BLVD., SUITE 404
City: HALLANDALE FL Zip Code: 33009

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAR, AMRAM 1111 PARK CENTER BLVD. #453 MIAMI, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ADAR, AMRAM 1250 E. HALLANDALE BEACH BLVD, SUITE 404 HALLANDALE, FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #