
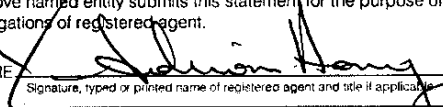
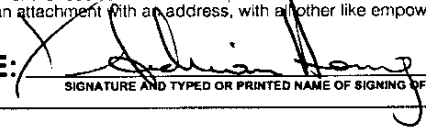


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90219 046 \*\*\*150.00

<b>DOCUMENT # P07000002009</b> 1. Entity Name <b>ADRIAN HONG P.A.</b>																													
Principal Place of Business <b>9163 NW 111 TERR HIALEAH GARDENS, FL 33018</b>			Mailing Address <b>9163 NW 111 TERR HIALEAH GARDENS, FL 33018</b>																										
2. Principal Place of Business - No P.O. Box <b>1900 N BAYSHORE Dr</b>		3. Mailing Address <b>1900 N BAYSHORE Dr</b>																											
Suite, Apt. #, etc. <b>3603</b>		Suite, Apt. #, etc. <b>3603</b>																											
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>80-8227482</b>																									
Zip <b>33132</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>HONG, ADRIAN 9163 NW 111 TERR HIALEAH GARDENS, FL 33018</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1900 N BAYSHORE Dr #3633</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33132</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  DATE <b>4-19-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HONG, ADRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9163 NW 111 TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH GARDENS, FL 33018</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	HONG, ADRIAN		STREET ADDRESS	9163 NW 111 TERR		CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1900 N BAYSHORE Dr #3633</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI FL 33132</b></td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>1900 N BAYSHORE Dr #3633</b>	CITY-ST-ZIP	<b>MIAMI FL 33132</b>				
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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 another like empowered.  
**SIGNATURE:**  **474-01 (305) 606-3635**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #