

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000025458

**Entity Name:** ADAR OR, INC.

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

650 NE 177TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

650 NE 177TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 27-2340720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZECHARIA, GABRIAL  
650 NE 177TH STREET  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZECHARIA, GABRIAL  
Address: 650 NE 177TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: GABRIAL ZECHARIA

PD

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date