

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P95000056746

1. Entity Name  
ADIANEZ, INC.



Principal Place of Business  
2207 N.W. 23RD AVENUE  
MIAMI, FL 33142

Mailing Address  
9600 N.W. 25TH STREET  
6-A  
DORAL, FL 33172-1416



02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0599276

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FERN, OFELIA  
500 BAYVIEW DRIVE PH-25  
SUNNY ISLE BEACH, FL 33160

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000966849  
04/08/08-80046-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ALBELO, ZENaida  
STREET ADDRESS 2207 N.W. 23RD AVE.  
CITY-ST-ZIP MIAMI, FL

TITLE D  
NAME DOMINGUEZ, MARIA C  
STREET ADDRESS 7761 SW 35 TERR  
CITY-ST-ZIP MIAMI, FL 33155

TITLE D  
NAME FERN, OFELIA  
STREET ADDRESS 500 BAYVIEW DRIVE PH-25  
CITY-ST-ZIP SUNNY ISLE BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

3/19/08 305-477-2939  
Day Daytime Phone #