


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000004431		
1. Entity Name ADOLFO, INC.		
Principal Place of Business 336 E DANIA BEACH BLVD DANIA, FL 33004	Mailing Address - C/O DACAR MGMT 336 E DANIA BEACH BLVD DANIA, FL 33004	



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0846406	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-VELEZ, CARLOS
336 E DANIA BEACH BLVD
DANIA, FL 33004

**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 _____ 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, 2008 Fee will be \$550.00

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

000000927382
05/20/08-80105-004 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MICA, ALBERTO 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MICA, MOISES 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SA MICA, ADOLFO GRECO 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICA, DAVID 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131
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

4/21/08

Date

954-927-4885

Daytime Phone #