


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 JUL -7 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P98000033495</b> 1. Entity Name FRANK ADRIAN CONSTRUCTION CO.	
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Principal Place of Business 7142 S.W. 158TH PATH MIAMI, FL 33193	Mailing Address 7142 S.W. 158TH PATH MIAMI, FL 33193
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2. Principal Place of Business 15380 SW 19 Terrace Suite, Apt. #, etc.	3. Mailing Address 15380 SW 19 Terrace Suite, Apt. #, etc.
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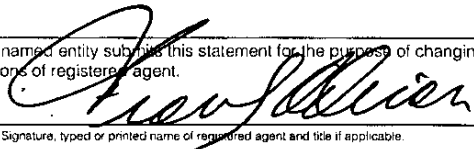
City & State Miami, Florida Zip 33185 Country USA	City & State Miami, Florida Zip 33185 Country USA
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06292005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0827188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A&A REGISTERED AGENTS, INC 2450 S.W. 137TH AVENUE SUITE 221 MIAMI, FL 33175	
7. Name and Address of New Registered Agent Name FRANK ADRIAN Street Address (P.O. Box Number is Not Acceptable) 15380 SW 19 Terrace City Miami FL Zip Code 33185	

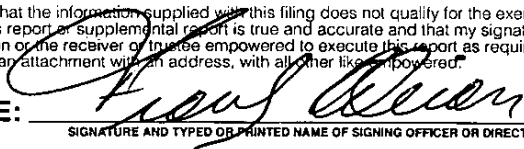
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

  
 SIGNATURE \_\_\_\_\_ DATE 6/29/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADRIAN, FRANK 7142 S.W. 158TH PATH MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15380 SW 19 Terrace Miami, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADRIAN, LIZETTE 7142 S.W. 158TH PATH MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15380 SW 19 Terrace Miami, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600057218026 07/08/05--01037--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 powers.

SIGNATURE:  DATE 6/29/05 DAYTIME PHONE # (305) 796-6090