

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90048 046 ***158.75

DOCUMENT # P98000066995

1. Entity Name

ADAPT, INC.



Principal Place of Business

3965 LEAFY WAY
COCONUT GROVE FL 33133

Mailing Address

3965 LEAFY WAY
COCONUT GROVE FL 33133

2. Principal Place of Business

2980 McFarlane Rd.

Suite, Apt. #, etc.

Suite 202

City & State

Miami FL

Zip

33133

Country

USA

3. Mailing Address

2980 McFarlane Rd.

Suite, Apt. #, etc.

Suite 202

City & State

Miami FL

Zip

33133

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0860291

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, JAMES
3965 LEAFY WAY
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

James M. Hawkins

Street Address (P.O. Box Number is Not Acceptable)

2980 McFarlane Rd. Suite 202

City

Miami

FL

Zip Code

33133

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)

James M. Hawkins

2/18/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME HAWKINS, JAMES M
STREET ADDRESS 3965 LEAFY WAY
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 305-529-2341

Date

Daytime Phone #