AMENDED

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000078637

1. Entity Name
AD & RD, INC.

FILED
05 DEC 20 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04222005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
9737 NW 41ST. STREET MIAMI, FL 33178	9737 NW 41ST. STREET BOX 276 MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9737 NW 41st street Suite, Apt. #, etc. PNB 465
City & State	City & State Miami. FL.
Zip / Country	Zip 33178 / Country USA

4. FEI Number 65-0590482 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JHANGIMAL, SONIA D 9737 NW 41 ST. STREET MIAMI, FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005 Fee will be $350.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD JHANGIMAL, SONIA 9737 NW 41 ST. STREET MIAMI, FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D JHANGIMAL, DIPU 9737 NW. 41st st Miami, FL. 33178	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D JHANGIMAL, SONIA 9737 NW 41st street Miami, FL. 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600062231025 12/20/05--01030--007 **61.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12/29	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 no address, with all other like empowered.

SIGNATURE: Sonia D. Jhangimal Sonia D. Jhangimal 12/05/05 305-418-8922
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #