

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004235

1. Entity Name
ADRIAN INDUSTRIAL PROPERTIES, INC.



FILED

2005 JUL -7 PM 2: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2460 S.W. 137TH AVE., STE 238
MIAMI, FL 33175

Mailing Address
~~2460 S.W. 137TH AVE., STE. 221~~
~~MIAMI, FL 33175~~

2. Principal Place of Business

3. Mailing Address
4551 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-P

CR2E034 (10/03)

City & State

City & State
Coral Gables, FL

4. FEI Number
65-0888074

Applied For
Not Applicable

Zip Country

Zip Country
33146 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A & A REGISTERED AGENT, INC.
~~2460 S.W. 137TH AVE., STE. 221~~
~~MIAMI, FL 33175~~

Name
Street Address (P.O. Box Number is Not Acceptable)
4551 Ponce de Leon Blvd.

City & State
Coral Gables FL Zip Code 33146

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]* Gretel Rodriguez President 4/29/05
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
PTSD
ADRIAN, ALVARO L
2460 S.W. 137TH AVE., STE 238
MIAMI, FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400057218044
07/08/05--01037--011 **\$150.00 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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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 life empowered.

SIGNATURE: *[Signature]* ALVARO L. Adrian 4/29/05 (305) 221-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #