

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000096739

1. Entity Name  
A.D.A. COMPLIANCE TEAM INC.



Principal Place of Business  
169 NW 44 STREET  
STE. #34  
FT. LAUDERDALE, FL 33309 US

Mailing Address  
169 NW 44 STREET  
STE. #34  
FT. LAUDERDALE, FL 33309 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

08032007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0979036

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PEDRAZA, DAVID  
169 NW 44 STREET  
STE. #34  
FT. LAUDERDALE, FL 33309

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEDRAZA, DAVID	
STREET ADDRESS	169 NW 44 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100109207741  
09/07/07--01033--013 \*\*150.00

8/23

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

Date

Daytime Phone #

FILED

07 AUG 22 PM 12:54

CLERK OF STATE  
TALLAHASSEE, FLORIDA



08-15-07

12:11

From-sva

T-806 P.001/001 F-548

## DP BUILDING CONTRACTORS INC.

July 18, 2007

Division of Corporations  
PO Box 8800  
Tallahassee, FL 32314

To Whom It May Concern:

I just received your notification that my corporations are about to be dissolved. I had been under the mistaken impression that this had been taken care of back in February of this year. I was told by my former employee that this had been paid. When I received your notice, I went to look through her desk and found stacks of papers that were hidden and left by her.

I am terribly sorry for the oversight but \$400 is a steep fine for such a problem. Please accept these payments and my assurance that this will never happen again.

My corporations are as follows:

ADA Compliance Team Inc	P99000096739
DP Building Contractors Inc	P10000064862

Thank you for your consideration in this matter.

Sincerely,

  
David Pedraza, President

951 SE 9th Avenue

Pompano Beach, FL 33060

Phone: (954) 295-5230