

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91024 021 ***150.00

DOCUMENT # P99000104153 1. Entity Name ADPAN BROTHERS INC.					
Principal Place of Business 6595 NW36 ST 209 MIAMI, FL 33166			Mailing Address 6595 NW36 ST 209 MIAMI, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0966477	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent PANTOJA, ADALBERTO 4281 NW 145 ST. BLDG 40 OPALOCKA, FL 33054				7. Name and Address of New Registered Agent Name ADALBERTO PANTOJA Street Address (P.O. Box Number is Not Acceptable) 10401 S.W. 142 CT. City MIAMI FL Zip Code 33186	
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 <i>Adalberto Pantoja</i> V.P. 04/21/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P PANTOJA, ADAN 969 NORTHWEST 126 PATH MIAMI, FL 33182		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANTOJA JAIRO 13707 S.W. 66 ST #107C MIAMI FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANTOJA, ADALBERTO 10401 SOUTHWEST 142 COURT MIAMI, FL 33186		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 ☐	
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 an address, with all other like empowered					
SIGNATURE: <i>Adalberto Pantoja</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/21/04 786 265 5916 Date Daytime Phone #		