2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000104153

1. Entity Name

ADPAN BROTHERS INC.

Principal Place of Business	Mailing Address
6595 NW36 ST 209 MIAMI FL 33166	6595 NW36 ST 209 MIAMI FL 33166

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0966477 ☐ Applied For ☐ Not Applicable

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
PANTOJA, ADALBERTO 10401 SW 142 CT MIAMI FL 33186	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 required if 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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FUTURE	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PANTOJA, ADAN 969 NORTHWEST 126 PATH MIAMI FL 33182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PANTOJA, ADALBERTO 10401 SOUTHWEST 142 COURT MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JAIRO, PANTOJA 13707 SW 66 ST #107C MIAMI FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add U00000468785 03/27/06-80016-001 155.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Adalberto Pantoja V.P. 03/10/2006.