## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07064

Address:

City-St-Zip:

3400 CORAL WAY #601

MIAMI, FL

Entity Name: BADRIAN CORPORATION

FILED Apr 23, 2008 Secretary of State

y							
Current Principal Place of Business:				New Principal Place of Business:			
1111 CRANDON BLVD A-207 KEY BISCAYNE, FL 331492745 US				6270 NW 37TH AVE BAY NO. 2 HIALEAH, FL 33147 US			
, and the second				New Mailing Address:			
Current Mailing Address:				New Mailing Address.			
C/O J A D & COMPANY, P.A. 3400 CORAL WAY 6TH FL MIAMI, FL 331453053				1111 CRANDON BLVD. APT A-207 KEY BISCAYNE, FL 33149			
FEI Number	: 65-0238169	FEI Number Applied For ( )	FEI Nun	nber Not App	licable ( )	Certificate of Status Des	ired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DIAZ, JORGE ANDRES 3400 CORAL WAY SUITE 601 MIAMI, FL 33145 US				DIAZ, JORGE ANDRES 1111 CRANDON BLVD SUITE 207 KEY BISCAYNE, FL 33149 US			
	named entity e of Florida.	submits this statement for	the purpose o	f changing i	ts registere	d office or registered ager	nt, or both,
SIGNATURE:				04/23/2008			
	Electro	nic Signature of Registered	l Agent			Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GOTLIB, CLA	ON BLVD A-207		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GOTLIB, EVA	N BLVD A-207		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	SD ( DIAZ. JORGE	) Delete ANDRES.		Title: Name:	SD DIAZ. JORG	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CLAUDIO J. GOTLIB PD 04/23/2008

1111 CRANDON BLVD SUITE A-207

KEY BISCAYNE, FL 33149