2006 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

DOCUMENT # V30922

1. Entity Name ADC FOUNDERS CORPORATION

FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

Dracuras

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

747 PONCE DE LEON BLVD CORAL GABLES, FL 33134 590 WEST 20TH STREET HIALEAH, FL 33010 US



DO NOT WRITE IN THIS SPACE	01062006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0334		I A

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

BRACERAS, WILFRED 600 W 20TH ST SUITE 410 HIALEAH EL 33010

SIGNATURE:

SIGNATURE AND

DO NOT WRITE IN THIS SPACE

04/12/06

Daytime Phone #

in cerui,	12 33310					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable, (NOTE, Registere	d Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing .	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BRACERAS, WILFRED 600 W 20TH ST HIALEAH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			per		U00000514262 04/29/06-80163-013 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

PRESIDENT