

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90102 020 ***158.75

| | | | |
|--|---|--|---|
| DOCUMENT # V30922 1. Entity Name ADC FOUNDERS CORPORATION | | | |
| Principal Place of Business 747 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | | Mailing Address 590 WEST 20TH STREET HIALEAH, FL 33010 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address <i>760 Ponce de Leon Blvd</i> Suite, Apt. #, etc. | |
| City & State City: <i>Coral Gables</i> State: <i>FL</i> | | 4. FEI Number 65-0334494 | |
| Zip 33134 | | Country <i>USA</i> | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BRACERAS, WILFRED 600 W 20TH ST SUITE 410 HIALEAH, FL 33010 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DPST BRACERAS, WILFRED 600 W 20TH ST HIALEAH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: WILFRED BRACERAS, PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <i>W. Braceras</i> Date <i>04/11/07</i> Daytime Phone # | |

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