


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000077488**  
 1. Fictitious Name  
**ADAPTECH SYSTEMS AND SERVICES, INC.**



Principal Place of Business 4060 SHERIDAN ST. SUITE C HOLLYWOOD, FL 33021	Mailing Address 4060 SHERIDAN ST. STE C HOLLYWOOD, FL 33021
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**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0864191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ABELLA, RICARDO  
 16003 EMERALD COVE RD  
 WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABELLA, RICARDO 16003 EMERALD COVE RD. WESTON, FL 33331
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U00000510414  
 04/29/06-80006-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Ricardo Abella* **RICARDO ABELLA** 4/10/06 954-217-6839  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #