

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 568670 1. Entity Name ADLER GROUP CONSTRUCTION, INC.	
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Principal Place of Business 1400 N.W. 107 AVE. 5TH FLOOR MIAMI, FL 33172	Mailing Address 1400 N.W. 107 AVE. 5TH FLOOR MIAMI, FL 33172
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03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1817292	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVY, JOEL 1400 N.W. 107 AVE. 5TH FLOOR MIAMI, FL 33172

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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000139302
04/29/04-80115-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE ADLER, MICHAEL 1400 NW 107 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV LEVY, JOEL 1400 NW 107 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARRIZURIETA, LUIS 1400 NW 107 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 NW 107 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEVY, JOEL 1400 N.W. 107 AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ARKIN, ROBERT 1400 NW 107 AVENUE MIAMI, FL 33172

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda K. Adler Asst. Secy. 4/27/04 305-392-4051
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #