


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000005970**  
 1. Entity Name  
**ADLER WALLACH & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 1045 WEST KATELLA AVENUE, STE 102      PO BOX 6605  
 ORANGE, CA 92867      ORANGE, CA 92863-6605



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number 33-0578387	Applied For
	Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 RUTBERG, GERALD S  
 670 N. ORLANDO AVE STE 1004A  
 MAITLAND, FL 32751

**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, 2005 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 ADLER, ALLAN 1045 W. KATELLA AVE #102 ORANGE, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LUEVANO-CORTEZ, IRENE 1045 W. KATELLA AVE #102 ORANGE, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000182461  
 01/24/05-80094-020 150.00

**DO NOT WRITE 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 fees empowered.

**SIGNATURE:** \_\_\_\_\_      1/7/05      714 771 3690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #