2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2007 08:00 AM **Secretary of State DOCUMENT #273211** 1. Entity Name J.R. ADELMAN CORP. Principal Place of Business Mailing Address 3624 N.W. 59TH ST. 3624 N.W. 59TH ST. MIAMI, FL 33142-9030 MIAMI, FL 33142-9030 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1011084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADELMAN, RICHARD D DO NOT WRITE 3624 NW 59 ST MIAMI, FL 33142 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, typed or printed name of registered agent and title if applicable. 000000618063 02/08/07-80011-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE DVP ADELMAN, RICHARD NAME STREET ADDRESS 3624 N.W. 59TH ST. CITY-ST-ZIP MIAMI, FL 33142 DVP TITLE MCINTYRE, IAN S NAME STREET ADDRESS 8471 SW 122 STREET CITY-ST-ZIP MIAMI, FL 33156 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 teport 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 truestee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DW

305-632313

Daytime Phone #

FILED