
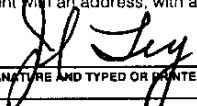


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90150 050 \*\*\*150.00

DOCUMENT # F11542							
1. Entity Name ADLER GROUP, INC.							
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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-2048548</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LEVY, JOEL 1400 N.W. 107 AVE. 5TH FLOOR MIAMI, FL 33172			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	EV	<input type="checkbox"/> Delete	TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADLER, MATTHEW L		NAME	Arrizurieta, Luis			
STREET ADDRESS	1400 NW 107 AVE, 4TH FL		STREET ADDRESS	1400 N.W. 107 AVENUE			
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami FL 33172			
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADLER, LINDA K		NAME	Adler, Michael M.			
STREET ADDRESS	1400 NW 107TH AVE, 4TH FL		STREET ADDRESS	1400 NW 107 AVENUE			
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Miami, FL 33172			
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADLER, STEVEN		NAME				
STREET ADDRESS	1400 N.W. 107 AVE 5TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP				
TITLE	DPCO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVY, JOEL		NAME				
STREET ADDRESS	1400 N.W. 107 AVE 5TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, BRETT		NAME				
STREET ADDRESS	1400 N W 107TH AVENUE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORRICO, IKER		NAME				
STREET ADDRESS	1400 N W 107TH TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Joel Levy President		4/15/05 (305) 392-4050			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			