

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000001150

1. Entity Name
THE ADELMAN SALES CORP.



Principal Place of Business
**4153 ROSWELL RD., NE
ATLANTA, GA 30342-3715**

Mailing Address
**4153 ROSWELL RD., NE
ATLANTA, GA 30342-3715**



05102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1225633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEIST, JEFF
2465 SOUTH WEST 105 TERRACE
FORT LAUDERDALE, FL 33324**

**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 renewing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTDC ADELMAN, MICHAEL 4153 ROSWELL RD., NE ATLANTA, GA 30342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HEIST, JEFF 2465 SOUTH WEST 105 TERRACE FORT LAUDERDALE, FL 33324
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0000000766457
06/20/07 80001-016 150.00

**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: *X M* *Adelman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/07 *404 255 8096*
Date Daytime Phone #