

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
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



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1225633

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000853201
03/26/08-80059-011 150.00

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

Date

Daytime Phone #

Pres. 404 255 8096