

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # H34276

1. Entity Name
ADLER FIRST COMMERCIAL REALTY, INC.



Principal Place of Business
**1400 NW 107 AVE.
5TH FLOOR
MIAMI, FL 33126**

Mailing Address
**1400 NW 107 AVE.
5TH FLOOR
MIAMI, FL 33126**



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2495009

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**LEVY, JOEL
1400 NW 107 AVE.
5TH FLOOR
MIAMI, FL 33126**

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

**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**

**U000000346971
04/30/05-80097-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ARRIZURIETA, LUIS
1400 NW 107 AVE., 5TH FLOOR
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
ADLER, MICHAEL M
1400 NW 107 AVE., 5TH FLOOR
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEVA
LEVY, JOEL
1400 NW 107 AVE., 5TH FLOOR
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ADLER, LINDA
1400 NW 107 AVE., 5TH FLOOR
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
HEISLER, DANIEL
1400 NW 107 AVE., 5TH FLOOR
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 like empowered.

SIGNATURE: Joel Levy
Executive Vice President

4/15/05

(305) 392-4050

Date

Daytime Phone #