

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000047199

1. Entity Name
HAROLD A. ADLER, INC.



Principal Place of Business
**9532 NORTH CRESCENT VIEW DRIVE
BOYNTON BEACH, FL 33437**

Mailing Address
**POST OFFICE BOX 740-711
BOYNTON BEACH, FL 33474-0711**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1105464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADLER, HAROLD
9532 N. CRESCENT VIEW DR
BOYNTON BEACH, FL 33437**

**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 _____

**FILE NOW!!! FEE IS \$150.00.
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADLER, HAROLD A
STREET ADDRESS 9532 NORTH CRESCENT VIEW DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE STD
NAME ADLER, RELLA
STREET ADDRESS 9532 NORTH CRESCENT VIEW DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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05/09/07-80075-001 150.00

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: *Harold A. Adler* - HAROLD A. ADLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 561 733 0359

Date Daytime Phone #