2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123573

1. Entity Name
SIDNEY ADLER CONSULTING, INC.

Principal Place of Business	Mailing Address
19763 BOCA GREENS DRIVE BOCA RATON, FL 33498 US	19763 BOCA GREENS DRIVE BOCA RATON, FL 33498 US

DO NOT WRITE IN THIS SPACE

14008631

04272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0759638	Not Applicable

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

6. Name and Address of Current Registered Agent

ADLER, SIDNEY
19763 BOCA GREENS DRIVE
BOCA RATON, FL 33498

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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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ADLER, SIDNEY
STREET ADDRESS	19763 BOCA GREENS DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Sidney Adler_   4/28/05   561-477-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #