


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90013 044 \*\*\*150.00

<b>DOCUMENT # P05000026716</b> 1. Entity Name <b>ADPLEX INC.</b>			
Principal Place of Business <b>1711 NW 40TH ST. MIAMI, FL 33142</b>		Mailing Address <b>1711 NW 40TH ST. MIAMI, FL 33142</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>SINGER, K H 1711 NW 40TH ST. MIAMI, FL 33142</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D. SINGER, K PRES. 1711 NW 40TH ST. MIAMI, FL 33142</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D. SIMONE V.P. 8360 S.W. 154<sup>TH</sup> TERR MIAMI FL 33159</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>C. SIMON DIRECTOR 11074 NW 61<sup>ST</sup> COURT PARKLAND FL 33076</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>JENNIFER THORNTON DIRECTOR 1105 DAPPLEFAWN CT. ATLANTA, GA 30005</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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 officers empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/8/08</b> Daytime Phone #: <b>PRES.</b>	

66004170



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1660040</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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