

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90031 020 \*\*\*150.00

**DOCUMENT # P34907**

1. Entity Name

ADROIT \U.S.\ CORPORATION



Principal Place of Business

923 N. PANNSYLVANIA AVE.  
WINTER PARK FL 32789

Mailing Address

923 N. PANNSYLVANIA AVE.  
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

98-0059895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, CHARLES  
% AVANTI PROPERTIES GROUP  
923 N. PENNSYLVANIA AVE.  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$350.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LOEB, DONALD E.  
STREET ADDRESS %22 ST. CLAIR AVE. EAST  
CITY-ST-ZIP TORONTO,ONT.,CANADA ☐ Delete

TITLE V  
NAME SCHWARTZ, CHARLES  
STREET ADDRESS 923 N. PENNSYLVANIA AVE.  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE VS  
NAME ROSEN, DAWN S.  
STREET ADDRESS %22 ST. CLAIR AVE. EAST  
CITY-ST-ZIP TORONTO,ONT.,CANADA ☐ Delete

TITLE TCD  
NAME COHEN, JUDITH LOEB  
STREET ADDRESS %22 ST. CLAIR AVE. EAST  
CITY-ST-ZIP TORONTO,ONT.,CANADA ☐ Delete

TITLE AS *Morales*  
NAME ~~CHILDRESS, JANET~~  
STREET ADDRESS 923 N. PENNSYLVANIA AVE.  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE AS  
NAME SHERMAN, BEILA  
STREET ADDRESS 923 N. PENNSYLVANIA AVE.  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Janet Morales*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Beila Sherman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Beila Sherman CPA CA*

*2/3/2004 407-628-8488*

Date Daytime Phone #