


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000006264
 1. Entity Name
 ADLER PROPERTIES, INC.



Principal Place of Business 1400 NW 107 AVE 5TH FLOOR MIAMI, FL 33172 US	Mailing Address 1400 NW 107 AVE 5TH FLOOR MIAMI, FL 33172 US
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0377665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOEL
 1400 NW 107 AVE.
 5TH FLOOR
 MIAMI, FL 33172

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


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

U00000139294
 04/29/04-80115-012 150.00

10. OFFICERS AND DIRECTORS	
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	DST ARRIZURIETA, LUIS 1400 NW 107 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 NW 107 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  Linda K. Adler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secy. 4/27/04 305-392-4051
Date Daytime Phone #