

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000052790
1. Entity Name
ADLER COMMERCIAL REALTY, INC.



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



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0760015	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 107TH AVE.
5TH FLOOR
MIAMI, FL 33172

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, MICHAEL M 1400 NW 107TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS LEVY, JOEL 1400 NW 107TH AVE. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARRIZURIETA, LUIS 1400 NW 107TH AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, LINDA K 1400 N.W. 107 AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/05-80097-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Joel Levy **Joel Levy** Executive Vice President 4/15/05 (305) 392-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #