

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027425

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** A.D.M.E. INVESTMENT CORPORATION

**Current Principal Place of Business:**

550 9TH STREET  
MIAMI, FL 33139 US

**New Principal Place of Business:**

6865 N. LINCOLN AVENUE  
LINCOLNWOOD, IL 60712 US

**Current Mailing Address:**

6865 N. LINCOLN AVENUE  
LINCOLNWOOD, IL 60712 US

**New Mailing Address:**

**FEI Number:** 65-0658191      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GINSPARG, NORMAN  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

INCORP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: SARAH GIBSON ON BEHALF OF INCORP SERVICES      04/16/2008  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ESFORMES, MORRIS  
Address: 6865 N. LINCOLN AVENUE  
City-St-Zip: LINCOLNWOOD, IL 60712

Title: V ( ) Delete  
Name: ESFORMES, PHILIP  
Address: 6865 N. LINCOLN AVENUE  
City-St-Zip: LINCOLNWOOD, IL 60712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS ESFORMES      PSD      04/16/2008  
Electronic Signature of Signing Officer or Director      Date