

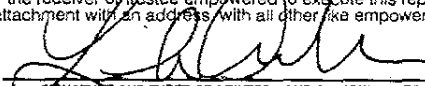


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P96000068176</b>			
1. Entity Name ADLER PCC, INC.			
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172		Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03242004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0688076	
		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 N.W. 107TH AVENUE MIAMI, FL 33172		<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000139296 04/29/04-80115-013 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPCE ADLER, MICHAEL M 1400 NW 107 AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EVAS LEVY, JOEL 1400 NW 107 AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST 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			
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 Asst. Secy. 4/27/04 305-392-4051	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	