


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000078062

1. Entity Name
PHILLIPS ADLER CONSTRUCTION, INC.



Principal Place of Business Mailing Address
1400 N.W. 107TH AVENUE **1400 N.W. 107TH AVENUE**
MIAMI, FL 33172 **MIAMI, FL 33172**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02182005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0701128 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172		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 _____ 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPOE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADLER, MICHAEL M			NAME			
STREET ADDRESS	1400 N.W. 107TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	DEVA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, JOEL			NAME			
STREET ADDRESS	1400 N.W. 107TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARRIZURIETA, LUIS			NAME			
STREET ADDRESS	1400 N.W. 107TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADLER, LINDA K			NAME			
STREET ADDRESS	1400 N.W. 107TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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 #