

08-03-2004 90008 025 \*\*\*150.00  
P96000081290

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 10 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
24077976

<b>DOCUMENT # P96000081290</b>			
1. Entity Name <b>ADAM JORDAN ASSOCIATES, INC.</b>			
Principal Place of Business <b>8016 WILES RD. # 9 CORAL SPRINGS, FL 33067</b>		Mailing Address <b>8016 WILES RD. # 9 CORAL SPRINGS, FL 33067</b>	
2. Principal Place of Business		3. Mailing Address <b>22232 Woodborn Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Boca Raton FL</b>	
Zip		Zip <b>33428</b>	
Country		Country <b>USA</b>	
4. FEI Number <b>65-0698979</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SOSHNIK, JAY 8016 WILES RD. # 9 CORAL SPRINGS, FL 33067</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>7-6-04</b>	
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SOSHNIK, JAY 8016 WILES RD., SUITE # 9 CORAL SPRINGS, FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JORDON, ADAM 8016 WILES RD., SUITE # 9 CORAL SPRINGS, FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date <b>7/6/04</b>	

J MULLIN TAX SERVICE, INC.

22232 WOODBORN DRIVE  
BOCA RATON, FLORIDA 33428  
561-218-1768

Attachment  
24077976

July 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Adam Jordan Associates, Inc..  
Doc. #96000081290

Dear Sir or Madam:

Please accept the enclosed check of \$150.00 as the filing fee for the above corporation's 2004 Annual Report filing fee.

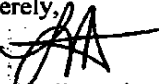
The above corporation's previous accounting firm never informed the corporate owner that this fee was due and owing to the State of Florida.

We are correcting that problem by having our address listed as the mailing address, so this problem will not occur in the future.

The properly filled out Annual Report form is also enclosed and signed by the corporate representative.

Thank you for your assistance in this matter.

Sincerely,



Laurel Adler, Vice President, Pres.