# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# P98000002630

**Entity Name:** ADLER OFFICE ASSOCIATES, INC.

**Current Principal Place of Business:**

1400 NW 107TH AVENUE
MIAMI, FL 331722704

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NW 107TH AVENUE
MIAMI, FL 331722704

**New Mailing Address:**

**FEI Number: 65-0818574** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEVY, JOEL
1400 NW 107TH AVENUE
5TH FLOOR
MIAMI, FL 331722704 US

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

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: _____

Electronic Signature of Registered Agent — Date

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: ADLER, MICHEAL M
Address: 1400 NW 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: EVAS ( ) Delete
Name: LEVY, JOEL
Address: 1400 NW 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: ST ( ) Delete
Name: ARRIZURIETA, LUIS
Address: 1400 NW 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: AS ( ) Delete
Name: ADLER, LINDA K
Address: 1400 NW 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: CEO ( ) Delete
Name: ADLER, MICHAEL M
Address: 1400 NW 107TH AVE
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: FERRUCCI, MARK
Address: 212 MANGUM DRIVE
City-St-Zip: BEAR, DE 19701

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

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

Title: EVP (X) Change ( ) Addition
Name: LEVY, JOEL
Address: 1400 NW 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: AST (X) Change ( ) Addition
Name: LEVY, JOEL
Address: 1400 NW 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: S (X) Change ( ) Addition
Name: ADLER, LINDA K
Address: 1400 NW 107 AVE.
City-St-Zip: MIAMI, FL 33172

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 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: LINDA K. ADLER S 04/28/2006

Electronic Signature of Signing Officer or Director — Date