

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002630

FILED  
Apr 17, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1400 NW 107TH AVENUE  
5TH FLOOR  
MIAMI, FL 331722704

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NW 107TH AVENUE  
5TH FLOOR  
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:**

SMITHER, ROBERT M  
1400 NW 107TH AVENUE  
5TH FL  
MIAMI, FL 33172 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

**OFFICERS AND DIRECTORS:**

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

Title: EVP  
Name: ADLER, MATTHEW L  
Address: 1400 NW 107 AVE.  
City-St-Zip: MIAMI, FL 33172

Title: EVP  
Name: HARRIS, BRETT W  
Address: 1400 NW 107 AVE.  
City-St-Zip: MIAMI, FL 33172

Title: S  
Name: SMITHER, ROBERT M  
Address: 1400 NW 107TH AVE  
City-St-Zip: MIAMI, FL 33172

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

Title: VP/T  
Name: SMITHER, ROBERT  
Address: 1400 NW 107TH AVE 5TH FLOOR  
City-St-Zip: MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M. SMITHER

VPTS

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date