




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000074851			
1. Entity Name AP-ADLER MEMBER, INC.			
Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704		Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704	
DO NOT WRITE IN THIS SPACE			
		03242004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0864612	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 LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000139289 04/29/04-80115-009 150.00	
TITLE	DPCE		
NAME	ADLER, MICHAEL		
STREET ADDRESS	1400 NW 107 AVE.		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	EVAS		
NAME	LEVY, JOEL		
STREET ADDRESS	1400 NW 107 AVE.		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	ST		
NAME	ARRIZURIETA, LUIS		
STREET ADDRESS	1400 NW 107 AVE.		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	AS		
NAME	ADLER, LINDA		
STREET ADDRESS	1400 NW 107 AVE.		
CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	COO		
NAME	LEVY, JOEL		
STREET ADDRESS	1400 NW 107 AVENUE		
CITY-ST-ZIP	MIAMI, FL 33172		
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 #	