2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2005 8:00 am — Secretary of State DOCUMENT # \$16526 1. Entity Name 04-20-2005 90323 048 ***150.00 ADLER/KOSTER PROPERTIES, INC. Principal Place of Business Mailing Address P.O. BOX 612302 N. MIAMI NL 33261 1800 N.E. 1)4 STREET, #403 N. MIAMI F. 33181 C/O JEFFREY KOSICIL C/O/ JUFFREY HOSTEN 3. Mailing Address Principal Place of Business 1135 103 RD ST-UNIT F1 1/35 **ESTA** Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) BAYHARBOR ISLANDS City & State 10A 4. FEI Number Applied For 65-0231458 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 33164 337**54** USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADLER, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 1800 N.E. 114 STREET, #403 N MIAMI FL 33181 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete Change ADLER, CHARLES S NAME NAME STREET ADDRESS 1800 NE 114TH ST 403 STREET ADDRESS N MIAMI FL 33181 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change KOSTER, JEFFREY E NAME NAME STREET ADDRESS 1135 103RD ST F1 STREET ADDRESS CITY-ST-ZIP BAY, HARBOR, ISLAND FL 33154 ... CITY-ST-ZIP -TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET'ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TATLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED