

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S71956**

1. Entity Name  
**ADLER MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**1400 NW 107 AVE.  
5TH FLOOR  
MIAMI, FL 33172**

Mailing Address  
**1400 NW 107 AVE.  
5TH FLOOR  
MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0286530**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVY, JOEL  
1400 NW 107 AVE.  
5TH FLOOR  
MIAMI, FL 33172**

**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 \_\_\_\_\_

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000346969  
04/30/05-80097-015 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
ADLER, MICHAEL M.  
1400 NW 107 AVE.  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
ARRIZURIETA, LUIS  
1400 N W 107TH AVENUE  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEV  
LEVY, JOEL  
1400 NW 107 AVE.  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EV  
HEISLER, DANIEL  
1400 NW 107 AVENUE  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ADLER, MICHAEL M  
1400 NW 107 AVENUE  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
LEVY, JOEL  
1400 NW 107 AVENUE  
MIAMI, FL 33172**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joel Levy  
Executive Vice President**

**4/15/05**

Date

**(305) 392-4050**

Daytime Phone #