

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000027425

**FILED  
Apr 20, 2014  
Secretary of State  
CC8280561663**

**Entity Name:** A.D.M.E. INVESTMENT CORPORATION

**Current Principal Place of Business:**

6865 N. LINCOLN AVENUE  
LINCOLNWOOD, IL 60712

**Current Mailing Address:**

6865 N. LINCOLN AVENUE  
LINCOLNWOOD, IL 60712 US

**FEI Number:** 65-0658191

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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

**Officer/Director Detail :**

Title	PSD	Title	V
Name	ESFORMES, MORRIS	Name	ESFORMES, PHILIP
Address	6865 N. LINCOLN AVENUE	Address	6865 N. LINCOLN AVENUE
City-State-Zip:	LINCOLNWOOD IL 60712	City-State-Zip:	LINCOLNWOOD IL 60712

*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:** MORRIS ESFORMES

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04/20/2014

Electronic Signature of Signing Officer/Director Detail

Date