

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28414

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: ALLIANCE FOR AGING, INC.

**Current Principal Place of Business:**

9500 S. DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9500 S. DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 65-0101947      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WEISBERG, STEVEN  
9500 SOUTH DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156 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: CD ( ) Delete  
Name: ARAZOZO, CARLOS F  
Address: 2100 SALZEDO STE 300  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: BERRIN, ROSLYN  
Address: 9001 SW 56 CT  
City-St-Zip: CORAL GABLES, FL 33156

Title: PD ( ) Delete  
Name: WEISBERG, STEVEN  
Address: 9500 S DADELAND BLVD SUITE 400  
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete  
Name: CONNOR, OLGA A  
Address: 8175 NW 12 ST  
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete  
Name: THOMPkins, RONALD A  
Address: 500 NW 165TH STREET SUITE 205  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: ROBITAILLE, JOHN  
Address: 10485 SW 78TH STREET  
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: CONNOR, OLGA A  
Address: 8175 NW 12 ST  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN WEISBERG

PD

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date