


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90007 039 \*\*\*\*70.00

**DOCUMENT # N93000003980**  
 Entity Name  
**ALLIANCE FOR AGING FOUNDATION, INC.**



Principal Place of Business  
**9500 S DADELAND BLVD  
 STE 400  
 MIAMI, FL 33156**

Mailing Address  
**9500 S DADELAND BLVD  
 STE 400  
 MIAMI, FL 33156**

**94034612**



3 Principal Place of Business		r Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162004 Chg-NP CR2E037 (10/03)

Cr FEI Number <b>65-0497535</b>	Applied For Not Applicable
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yr Certificate of Status Desired  **\$8.75 Additional Fee Required**

Name <b>WEISBERG, STEVEN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9500 SOUTH DADELAND BLVD STE 400 MIAMI, FL 33156</b>	
City <b>FL</b>	Zip Code

&r 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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRA, MARTIN W 7910 NW 25 ST #201 MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WYCHE, FREEMAN T DR. 1295 NW 67 ST. MIAMI, FL 33147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, KATE 2111 TIGERTAIL AVENUE COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNOR, OLGA A 8175 NW 12 ST. MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, ROSEBUD L 9500 S DADELAND BLVD #400 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELLAN, ROSLYN 9001 SW 56 CT. CORAL GABLES, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISBERG, STEVE 9500 SOUTH DADELAND BLVS STE 400 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISBERG, STEVE 9500 S. DADELAND BLVD # 400 MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARAZOZA, CARLOS 2100 SALZEDO #300 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 *Steven Weisberg* **3/16/04** **305-670-6500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #