

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001977
 1. Entity Name
 ADOPTION ASSISTANCE SERVICES, INC.



Principal Place of Business 125 N. 46TH AVE. HOLLYWOOD, FL 33021-6601	Mailing Address 125 N. 46TH AVE. HOLLYWOOD, FL 33021-6601
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03262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0999611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOTTLIEB, BRUCE M ESQ.
 125 N. 46TH AVE.
 HOLLYWOOD, FL 33021-6601

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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

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

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

U000000116247
 04/16/04-80057-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOTTLIEB, BRUCE M 125 N 46 AVENUE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOTTLIEB, KAREN 125 N 46 AVENUE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOTTLIEB, SARI 125 N 46 AVENUE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Bruce M Gottlieb 3/30/2004 (954) 966-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #