

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001977

FILED
Apr 24, 2009
Secretary of State

Entity Name: ADOPTION ASSISTANCE SERVICES, INC.

Current Principal Place of Business:

125 N. 46TH AVE.
HOLLYWOOD, FL 330216601

New Principal Place of Business:

Current Mailing Address:

125 N. 46TH AVE.
HOLLYWOOD, FL 330216601

New Mailing Address:

FEI Number: 65-0999611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, BRUCE M ESQ.
125 N. 46TH AVE.
HOLLYWOOD, FL 330216601 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: PD () Delete
Name: GOTTLIEB, BRUCE M
Address: 125 N 46 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: GOTTLIEB, KAREN
Address: 125 N 46 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: GOTTLIEB, SARI
Address: 125 N 46 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE M. GOTTLIEB

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date