

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010512

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** ABA ADOPTION SERVICES, INC.

**Current Principal Place of Business:**

15321 SOUTH DIXIE HIGHWAY  
SUITE 303  
MIAMI, FL 33157

**New Principal Place of Business:**

26900 SW 192 AVENUE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

P.O. BOX 700831  
MIAMI, FL 33170

**New Mailing Address:**

815 N. HOMESTEAD BLVD.  
342  
HOMESTEAD, FL 33030

**FEI Number:** 20-1896731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACEVEDO, CARMEN J MRS.  
26900 S.W. 192 AVENUE  
HOMESTEAD, FL 33031 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: MRS.  
Name: ACEVEDO, CARMEN J  
Address: 26900 SW 192 AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

Title: MR.  
Name: LEIDKE, DANIEL J  
Address: 26900 SW 192 AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

Title: MR.  
Name: BRAM, SEYMOR  
Address: 34935 SW 188 PLACE, LOT 15  
City-St-Zip: FLORIDA CITY, FL 33034

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARMEN J. ACEVEDO

MRS.

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date