

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008440

**Entity Name:** MAKING MEMORIES FOR ALZ, INC.

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
STE 1201  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
STE 1201  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-0835975

**Certificate of Status Desired:** No

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

HOFFMAN, TERESA AESQ.  
848 BRICKELL AVE.  
SUITE 501  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            MASON, JEANINE M  
Address        355 ALHAMBRA CIRCLE  
                  STE 1201  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            MASON, ALEXIS  
Address        355 ALHAMBRA CIRCLE  
                  STE 1201  
City-State-Zip: CORAL GABLES FL 33134

Title            TREA  
Name            MASON, ILIANA  
Address        355 ALHAMBRA CIRCLE  
                  STE 1201  
City-State-Zip: CORAL GABLES FL 33134

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:** JEANINE MASON

**MEMBER**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date