

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000002433

**Entity Name:** ANEURYSM AWARENESS FOUNDATION INC

**Current Principal Place of Business:**

20281 E COUNTRY CLUB DR  
# 907  
AVENTURA, FL 33180

**Current Mailing Address:**

20281 E COUNTRY CLUB DR  
# 907  
AVENTURA, FL 33180

**FEI Number:** 88-1604067

**Certificate of Status Desired:** No

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

M&C ACCOUNTING SERVICES  
8249 NW 36TH STREET  
SUITE 211  
DORAL, FL 33166 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 P  
Name ROBERTO, DORFMAN  
Address 20281 E COUNTRY CLUB DR APT 907  
City-State-Zip: AVENTURA FL 33180

*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:** ROBERTO DORFMAN

**PRESIDENT**

**04/27/2023**

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

\_\_\_\_\_  
Date