


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90050 007 \*\*\*\*70.00

**DOCUMENT # 725758**

1. Entity Name  
**THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED**



Principal Place of Business  
**2801 N MIAMI AVE**  
**MIAMI, FL 33127 US**

Mailing Address  
**2801 N MIAMI AVE**  
**MIAMI, FL 33127 US**


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

**40029120**



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1715840**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DEL MONTE, HELENA**  
**2801 N MIAMI AVE**  
**MIAMI, FL 33127**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALONSO-POCH, MANUEL			NAME	Josie Ramirez		
STREET ADDRESS	2100 PONCE DE LEON BLVD.			STREET ADDRESS	1200 S. Alhambra Circle		
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP	Coral Gables, FL 33146	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, CLIFTON			NAME			
STREET ADDRESS	8855 SW 50 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165			CITY-ST-ZIP			
TITLE	ED	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL MONTE, HELENA			NAME			
STREET ADDRESS	2801 N MIAMI AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, WILLIAM			NAME			
STREET ADDRESS	9822 NE 2ND AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES., FL 33138			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEA, SEAN			NAME			
STREET ADDRESS	801 ARTHUR GODFREY RD., #660			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARROS, PIEDAD			NAME			
STREET ADDRESS	2800 PONCE DE LEON BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33146			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Helena Del Monte* **2-28-07** (305) 573-3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #