

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90006 039 \*\*\*\*70.00

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01092008 No Chg-NP CR2E037 (4/06)

**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
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1715840	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
 DEL MONTE, HELENA  
 2801 N MIAMI AVE  
 MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALONSO-POCH, MANUEL 2100 PONCE DE LEON BLVD. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEWIS, CLIFTON 8855 SW 50 TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DEL MONTE, HELENA 2801 N MIAMI AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, WILLIAM 9822 NE 2ND AVE MIAMI SHORES., FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, SEAN 801 ARTHUR GODFREY RD., #660 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARROS, PIEDAD 2800 PONCE DE LEON BLVD MIAMI, FL 33146

**DO NOT WRITE IN THIS SPACE**

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:** Heleena Monte **1-9-08** **305-513-3137**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #