

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725758

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

**Current Principal Place of Business:**

2801 N MIAMI AVE  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

2801 N MIAMI AVE  
MIAMI, FL 33127 US

**New Mailing Address:**

FEI Number: 59-1715840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

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

DEL MONTE, HELENA  
25 EAST 4 STREET  
HIALEAH, FL 33010 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

01/13/2009

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALONSO-POCH, MANUEL  
Address: 2100 PONCE DE LEON BLVD.  
City-St-Zip: MIAMI, FL 33134

Title: DVP ( ) Delete  
Name: LEWIS, CLIFTON  
Address: 8855 SW 50 TERRACE  
City-St-Zip: MIAMI, FL 33165

Title: ED ( ) Delete  
Name: DEL MONTE, HELENA  
Address: 2801 N MIAMI AVE  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: PERRY, WILLIAM  
Address: 9822 NE 2ND AVE  
City-St-Zip: MIAMI SHORES,, FL 33138

Title: D ( ) Delete  
Name: SHEA, SEAN  
Address: 801 ARTHUR GODFREY RD., #660  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD ( ) Delete  
Name: BARROS, PIEDAD  
Address: 2800 PONCE DE LEON BLVD  
City-St-Zip: MIAMI, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HELENA DEL MONTE

Electronic Signature of Signing Officer or Director

ED

01/13/2009

Date