

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725758

FILED
Jun 06, 2012
Secretary of State

Entity Name: THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

Current Principal Place of Business:

25 E 4TH STREET
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

25 E 4TH STREET
HIALEAH, FL 33010 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
25 EAST 4 STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: ALONSO-POCH, MANUEL
Address: 3138 COMMODORE PLAZA
City-St-Zip: COCONUT GROVE, FL 33133

Title: D
Name: RAMIREZ, JOSIE
Address: 1200 S. ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: ED
Name: DEL MONTE, HELENA
Address: 25 E 4TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D
Name: PERRY, WILLIAM
Address: 340 NE 94TH STREET
City-St-Zip: MIAMI SHORES,, FL 33140

Title: D
Name: SHEA, SEAN
Address: 1053 NE 95TH STREET
City-St-Zip: MIAMI BEACH, FL 33138

Title: TD
Name: BARROS, PIEDAD
Address: 869 SW 107TH AVE
City-St-Zip: MIAMI, FL 33174

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: HELENA DEL MONTE

MS.

06/06/2012

Electronic Signature of Signing Officer or Director

Date