


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

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90173 012 \*\*\*\*61.25

**DOCUMENT # 744678**

1. Entity Name  
**INTERNATIONAL AROID SOCIETY, INC.**



Principal Place of Business  
**4895 SW 88 ST.  
 MIAMI, FL 33156 US**

Mailing Address  
**P.O. BOX 43-1853  
 SOUTH MIAMI, FL 33143 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

00004310



04272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1867574**

Applied For  
 Not Applicable

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

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

**WEEKS, RON  
 11840 SW 47 ST  
 MIAMI, FL 33175-4902**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

T  Delete  
 NAME: **WEEKS, RON**  
 STREET ADDRESS: **11840 SW 47 ST**  
 CITY-ST-ZIP: **MIAMI, FL 331754902**

Change  Addition

P  Delete  
 NAME: **LEVIN, DAN**  
 STREET ADDRESS: **225 KING AVE**  
 CITY-ST-ZIP: **OAKLAND, CA 94610**

P  Change  Addition  
 NAME: **Denis Rotalante**  
 STREET ADDRESS: **23290 SW 177 AVE**  
 CITY-ST-ZIP: **Homestead, FL 33090**

D  Delete  
 NAME: **WHITEHEAD, REGGIE**  
 STREET ADDRESS: **6880 SW 25 TERR**  
 CITY-ST-ZIP: **MIAMI, FL 33143**

Change  Addition

D  Delete  
 NAME: **VINCZE, THOMAS**  
 STREET ADDRESS: **777 BRYN MAWR CT**  
 CITY-ST-ZIP: **MOUNTAIN VIEW, CA 94043**

Change  Addition

D  Delete  
 NAME: **WHITEHEAD, REGGIE**  
 STREET ADDRESS: **6880 SW 75TH TERRACE**  
 CITY-ST-ZIP: **SOUTH MIAMI, FL 33143**

D  Change  Addition  
 NAME: **Patricia Frank**  
 STREET ADDRESS: **4895 SW 88 St**  
 CITY-ST-ZIP: **Miami, FL 33156**

D  Delete  
 NAME: **OFFOLTER, ENID**  
 STREET ADDRESS: **5340 CYPRESS RD**  
 CITY-ST-ZIP: **FORT LAUDERDALE, FL 33317**

Change  Addition

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: Ron Weeks Ron Weeks 4/26/08 305-226-7264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #