

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 14, 2009
Secretary of State**

DOCUMENT# 744678

Entity Name: INTERNATIONAL AROID SOCIETY, INC.

Current Principal Place of Business:

4895 SW 88 ST.
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1867574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, RON
11840 SW 47 ST
MIAMI, FL 331754902 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: T () Delete
Name: WEEKS, RON
Address: 11840 SW 47 ST
City-St-Zip: MIAMI, FL 331754902

Title: D () Delete
Name: WHITEHEAD, REGGIE
Address: 6880 SW 25 TERR
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: VINCZE, THOMAS
Address: 777 BRYN MAWR CT
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: D () Delete
Name: OFFOLTER, ENID
Address: 5340 CYPRESS RD
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEEKS, RON
Address: 11840 SW 47 ST
City-St-Zip: MIAMI, FL 331754902

Title: T (X) Change () Addition
Name: FRANK, TRICIA
Address: 4895 SW 88 ST.
City-St-Zip: MIAMI, FL 33156

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

Title: D (X) Change () Addition
Name: BOOS, JULIUS
Address: 1368 SCOTTSDALE RD.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Change (X) Addition
Name: KALLUS, LESTER
Address: 2 INGRID RD.
City-St-Zip: SETAUKET, NY 11733

Title: D () Change (X) Addition
Name: SCHRIMSHER, ANDREW
Address: 4002 W LAKE SAMM PKWY NE, A8
City-St-Zip: REDMOND, WA 98052

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: RON WEEKS

P

02/14/2009

Electronic Signature of Signing Officer or Director

Date