

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90045 045 \*\*\*\*61.25

**DOCUMENT # 770977**

1. Entity Name  
**AWARE, INC.**



Principal Place of Business  
305 SW 23 AVE  
MIAMI, FL 33135

Mailing Address  
305 SW 23 AVE  
MIAMI, FL 33135

**50057806**



2. Principal Place of Business

3. Mailing Address

01072005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2421497**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOSHGARIAN, MARY  
305 SW 23 AVE.  
MIAMI, FL 33135

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, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, DAVID	
STREET ADDRESS	7236 SW 55 AVE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOSHGARIAN, MARY	
STREET ADDRESS	305 SW 23 AVE	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CUEVA, BERTA	
STREET ADDRESS	743 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CASSIDY, GERALD	
STREET ADDRESS	14530 S W 93 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARTHUR, JOHN	
STREET ADDRESS	2420 MADRID ST	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNSTEIN, CAROLYN	
STREET ADDRESS	10435 S W 42 TERR	
CITY-ST-ZIP	MIAMI, FL 33165	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mary M. Goshgarian*

*7/25/05*