


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

FILED
Aug 12, 2008 8:00 am
Secretary of State

07-15-2008 90061 033 ****61.25

DOCUMENT # 770977 1. Entry Name AWARE, INC.	
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Principal Place of Business 305 SW 23 AVE MIAMI, FL 33135	Mailing Address 305 SW 23 AVE MIAMI, FL 33135
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66015903



07112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FBI Number 59-2421497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOSHGARIAN, MARY
305 SW 23 AVE
MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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: Mary M. Goshgarian (NOTE: Registered Agent signature required when re-registering) DATE: _____

Filing Fee is \$81.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOSHGARIAN, MARY 305 SW 23 AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUEVA, BERTA 743 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Mary M. Goshgarian 8/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone