

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90015 010 \*\*\*\*70.00

<b>DOCUMENT # F99000001216</b> 1. Entity Name AIDS HEALTHCARE FOUNDATION, INC.			
Principal Place of Business 6255 W. SUNET BLVD., 21ST FLOOR LOS ANGELES, CA 90028		Mailing Address 6255 W. SUNET BLVD., 21ST FLOOR LOS ANGELES, CA 90028	
2. Principal Place of Business - No P.O. Box # 110 SE 6th Street Suite, Apt. #, etc. Suite 1960		3. Mailing Address Suite, Apt. #, etc.	
City & State Fort Lauderdale Zip 33301		Country Broward	
4. FEI Number 95-4112121		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05102007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent EUGENE BUNDROCK RN 110 SE 6TH ST STE 1960 FORT LAUDERDALE, FL 33301		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 <u>EUGENE BUNDROCK</u> <u>Statewide Director</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC HOORZUK, DIANA 26 PEGASUS RD PINETOWN 3610 NATAL, SOUTH AFRICA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MARSH, JUDITH B 655 12TH ST 113 OAKLAND, CA 94607	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIAZ, AGAPITO 3995 PROSPECT AVE LOS ANGELES, CA 90027	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEINSTEIN, MICHAEL 6255 W. SUNSET BLVD, 21ST FLOOR LOS ANGELES, CA 90028	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREAG ALTON 960 CHESTNUT STREET SAN FRANCISCO, CA 94109	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PETER REIS 6255 W. SUNSET BLVD, 21ST FLOOR LOS ANGELES, CA 90028	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>PETER REIS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5-10-07</u> Daytime Phone # <u>323-860-5200</u>	