


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90034 011 ****61.25

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|---|---|
| DOCUMENT # N02000003451 1. Entity Name ASOCIACION PERUANA DE ENFERMEDAD DE ALZHEIMER Y OTRAS DEMENCIAS INC. |  |
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|---|---|
| Principal Place of Business 410 16TH STREET MIAMI BEACH, FL 33139 | Mailing Address 410 16TH STREET MIAMI BEACH, FL 33139 |
|---|---|

DO NOT WRITE IN THIS SPACE



02182004 No Chg-NP CR2E037 (10/03)

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|---|-------------------------------|
| 4. FEI Number 02-0612529 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent DATORRE, TOMAS 410 16TH STREET MIAMI BEACH, FL 33139 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by May 1, 2004 | 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 | DP DATORRE, TOMAS 410 16TH STREET MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUARA, RANJAN 6500 SW 57 AVE MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAVO, MARINA 4300 ALTON RD MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____ **4/15/04** **305-5315443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #