

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

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003451**

1. Entity Name  
**ASOCIACION PERUANA DE ENFERMEDAD DE  
ALZHEIMER Y OTRAS DEMENCIAS INC.**



Principal Place of Business  
**410 16TH STREET  
MIAMI BEACH, FL 33139**

Mailing Address  
**410 16TH STREET  
MIAMI BEACH, FL 33139**



04212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0612529**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DATORRE, TOMAS  
410 16TH STREET  
MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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  
**VP  
LAHOZ, NOEMI  
1331 LINCOLN RD #902  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
DATORNE, ROBERTO  
410 16TH STREET  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000323242

05/18/08-80022-023 61.25

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roberto Datorne**

**4/23/08**  
Date

**305-5315493**  
Daytime Phone #