

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010049

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** I.D.A. FOUNDATION FOR AUTISM AND ALZHEIMERS RESEARCH AND SOLUTIONS, INC.

**Current Principal Place of Business:**

31400 SW 208 COURT  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

31400 SW 208 COURT  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CABRERA, IDA T  
31400 SW 208 COURT  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CABRERA, IDA T  
Address: 31400 SW 208 COURT  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VP ( ) Delete  
Name: CABRERA, VALERY G  
Address: 31400 SW 208 COURT  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: CABRERA, ELIO  
Address: 31400 SW 208 COURT  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDA T CABRERA

P

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date