2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000709

Entity Name: ADOPTION S.T.A.R. (FLORIDA), INC.

FILED Mar 02, 2009 Secretary of State

2 NORTHEAST 5TH AVENUE 2734 EAST OAKLAND PARK BOULEVARD DELRAY BEACH, FL 33483

SUITE 101

FT. LAUDERDALE, FL 33306

Current Mailing Address: New Mailing Address:

2 NORTHEAST 5TH AVENUE 47 PLAZA DRIVE

WILLIAMSVILLE, NY 14221 DELRAY BEACH, FL 33483

FEI Number: 16-1584581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHERER, MANY A ESQ SCHERER, MARY ANN ESQ

22734 E. OAKLAND PARK BLVD., SUITE 102 2734 E. OÁKLAND PARK BLVD., SUITE 102 FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306

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: MARY ANN SCHERER 03/02/2009

> Electronic Signature of Registered Agent Date

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

() Delete () Change () Addition

CHICK, SHARON Name: Name: 122 GREENCASTLE Address: Address: City-St-Zip: WILLIAMSVILLE, NY 14221 City-St-Zip:

Title: () Delete Title: () Change () Addition

GRANVILLE, TEDDIE Name: Name: Address: 145 HIGHLAND AVENUE Address: BUFFALO, NY 14222 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

FRIED, CHURK Name: FRIED, CHUCK Name: 89 SANDHURST LANE 89 SANDHURST LANE Address: Address: City-St-Zip: WILLIAM, NY 14221 City-St-Zip: WILLIAM, NY 14221

() Delete (X) Change () Addition Title: Title:

Name: VOGEL, TAMI Name: D'ARIANO, ILANA 81 NEWBERRY LANE 6600 BOULEVARD EAST Address: Address: City-St-Zip: LANCASTER, NY 14086 City-St-Zip: WEST NEW YORK, NJ 07093

Title: () Delete Title: (X) Change () Addition

D'ARIANO, ILANA MICHELE, FRIED Name: Name: 89 SANDHURST LANE 6600 JFK BOULEVARD E Address: Address: WEST NEW YORK, NJ 07093 City-St-Zip: City-St-Zip: WILLIAMSVILLE, NY 14221

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE FRIED C 03/02/2009