

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09396

FILED
Jan 21, 2005
Secretary of State

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, GREATER MIAMI AREA CHAPTER, INC.

Current Principal Place of Business:

1175 NE 125 ST
600
N MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

1175 NE 125 ST
600
N MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 59-2483380 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAFFORD, MARK S
1175 NE 125ST #600
MIAMI, FL 33101 US

Name and Address of New Registered Agent:

BARQUET, ROY
1175 NE 125 ST
600
N MIAMI, FL 33161 US

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: ROY BARQUET

01/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, GUILLMERO
Address: 9525 HARDING AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: D () Delete
Name: AGRONIN, MARC
Address: 5200 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: DV () Delete
Name: REIZEN, VERNA
Address: 1230 100TH STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D () Delete
Name: ROTHENBERG, STEPHEN
Address: 1800 NW 168TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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

Title: DP () Change (X) Addition
Name: BARQUET, ROY
Address: 200 S BISCAYNE BLVD #4100
City-St-Zip: MIAMI, FL 33131

Title: DT () Change (X) Addition
Name: GORDET, STEPHEN
Address: 10800 BISCAYNE BLVD #440
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROY BARQUET

DP

01/21/2005

Electronic Signature of Signing Officer or Director

Date