2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27130

FILED Jan 17, 2007 Secretary of State

Entity Name: LEAGUE AGAINST AIDS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	FLAGLER ST.				
700 MIAMI, FL	33130 US				
Current Mailing Address:		New Mailing Address:			
28 WEST	FLAGLER ST.				
700 MIAMI, FL					
	: 65-0057294	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
vame and	i Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
	IO VEGA, MANL 194TH CIR LN 2 33186 US				
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its register	red office or registered agent, or both	
SIGNATU	RE:				
	Flootropia	Signature of Registered Age	ent	Date	
	Electronic	9		Bate	
OFFICER	S AND DIRECT			GES TO OFFICERS AND DIRECTO	
Fitle: Name: Address:	S AND DIRECTOMOP () ELAUREANO-VEG	ORS: Delete A, MANUEL EST 94 CIRCLE LANE, #2-102			
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	MDP () E LAUREANO-VEG. 13989 SOUTHWE MIAMI, FL 33186	ORS: Delete A, MANUEL EST 94 CIRCLE LANE, #2-102 Delete IRY ST 58 PLACE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTO	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	MDP () E LAUREANO-VEG. 13989 SOUTHWE MIAMI, FL 33186 DT () E CALDERON, HEN 3942 NORTHWEE MIAMI, FL 33166	ORS: Delete A, MANUEL EST 94 CIRCLE LANE, #2-102 Delete IRY ST 58 PLACE Delete , FRONT	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTO () Change () Addition	
Title: Name: Nddress: City-St-Zip: Title: Name: Nddress:	MDP () E LAUREANO-VEG, 13989 SOUTHWE MIAMI, FL 33186 DT () E CALDERON, HEN 3942 NORTHWE MIAMI, FL 33166 D () E ROSSY, DANIEL 911 NE 15TH ST. FT. LAUDERDALI	DRS: Delete A, MANUEL EST 94 CIRCLE LANE, #2-102 Delete IRY ST 58 PLACE Delete FRONT E, FL 33304 Delete R ER ST STE. 700	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	

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: MANUEL LAUREANO VEGA MDP 01/17/2007