

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N27130

Entity Name: LEAGUE AGAINST AIDS, INC.

Current Principal Place of Business:

28 WEST FLAGLER ST.
700
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

28 WEST FLAGLER ST.
700
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 65-0057294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUREANO VEGA, MANUEL
13989 SW 94TH CIR LN 2-102
MIAMI, FL 33186 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: MDP () Delete
Name: LAUREANO-VEGA, MANUEL
Address: 13989 SOUTHWEST 94 CIRCLE LANE, #2-102
City-St-Zip: MIAMI, FL 33186

Title: DT () Delete
Name: CALDERON, HENRY
Address: 3942 NORTHWEST 58 PLACE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: ROSSY, DANIEL
Address: 911 NE 15TH ST., FRONT
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D () Delete
Name: GOUDIE, ELANOR
Address: 28 WEST FLAGLER ST STE. 700
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: BENOIT, MARTHA
Address: 28 WEST FLAGLER ST STE 700
City-St-Zip: MIAMI, FL 33130

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: D (X) Change () Addition
Name: COLLAZO, PHILLIP
Address: 911 NE 15TH ST., FRONT
City-St-Zip: FT. LAUDERDALE, FL 33304

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

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

Title: D () Change (X) Addition
Name: VAZQUEZ, GERARDO
Address: 11251 SW 151 CT.
City-St-Zip: MIAMI, FL 33196

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: MANUEL LAUREANO-VEGA

MDP

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date