

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28414

FILED
Jan 04, 2006
Secretary of State

Entity Name: ALLIANCE FOR AGING, INC.

Current Principal Place of Business:

9500 S. DADELAND BLVD.
SUITE 400
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9500 S. DADELAND BLVD.
SUITE 400
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0101947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEISBERG, STEVEN
9500 SOUTH DADELAND BLVD.
SUITE 400
MIAMI, FL 33156 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: CD () Delete
Name: ARAZOZO, CARLOS F
Address: 2100 SALZEDO STE 300
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: BERRIN, ROSLYN
Address: 9001 SW 56 CT
City-St-Zip: CORAL GABLES, FL 33156

Title: PD () Delete
Name: WEISBERG, STEVEN
Address: 9500 S DADELAND BLVD SUITE 400
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: CONNOR, OLGA A
Address: 8175 NW 12 ST
City-St-Zip: MIAMI, FL 33126

Title: TD () Delete
Name: THOMPkins, RONALD A
Address: 500 NW 165TH STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ROBITAILLE, JOHN
Address: 10485 SW 78TH STREET
City-St-Zip: MIAMI, FL 33173

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

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

Title: CD (X) Change () Addition
Name: CONNOR, OLGA A
Address: 8175 NW 12 ST
City-St-Zip: MIAMI, FL 33126

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

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: STEVEN WEISBERG

PD

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date