

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42172

FILED  
Jan 14, 2006  
Secretary of State

Entity Name: ALS RECOVERY FUND, INC.

## Current Principal Place of Business:

10900 S.W. 93RD AVENUE  
MIAMI, FL 33176

## New Principal Place of Business:

2811 COCONUT AVENUE  
MIAMI, FL 33133

## Current Mailing Address:

10900 S.W. 93RD AVENUE  
MIAMI, FL 33176

## New Mailing Address:

FEI Number: 65-0265802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PACKMAN, KEVIN  
2811 COCONUT AVENUE  
COCONUT GROVE, FL 33133      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: EV ( ) Delete  
Name: SINGER, DONNA  
Address: ONE GROVE ISLE UNIT 1602  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: PACKMAN, SCOTT  
Address: 1647 VETERAN AVENUE, PENTHOUSE A  
City-St-Zip: LOS ANGELES, CA 90024

Title: DV ( ) Delete  
Name: PACKMAN, CILA  
Address: 10900 SW 93RD AVE.  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: PACKMAN, KEVIN ERIC  
Address: 2811 COCONUT AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete  
Name: ROSENTHAL, KENNETH  
Address: 6521 S.W. 100TH STREET  
City-St-Zip: MIAMI, FL 33156

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

Title: VP ( ) Change (X) Addition  
Name: PEREZ, ALBERTO  
Address: 323 MALAGA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: KEVIN E. PACKMAN

P

01/14/2006

Electronic Signature of Signing Officer or Director

Date