

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2004
Secretary of State**

DOCUMENT# N95000005313

Entity Name: ASSOCIATION FOR DISABLED AMERICANS, INC.

Current Principal Place of Business:

6538 COLLINS AVE., PMB #196
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6538 COLLINS AVE., PMB #196
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-0646620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, DANIEL
1111 BRICKELL BAY DRIVE., APT 1801
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RUIZ, DANIEL
16041 SW 86TH AVE.
MIAMI, FL 33157 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: DANIEL RUIZ 01/22/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUIZ, DANIEL
Address: 1111 BRICKELL BAY DR #1801
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: RUIZ, DANIEL
Address: 1111 BRICKELL BAY DR #1801
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: PRICE, CHERYL
Address: 1111 BRICKELL BAY DR #1801
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: JAFFER, ADAH
Address: 2901 S. BAYSHORE DR., #6F
City-St-Zip: MIAMI, FL 33133

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUIZ, DANIEL
Address: 16041 SW 86TH AVE.
City-St-Zip: MIAMI, FL 33157

Title: VD (X) Change () Addition
Name: RUIZ, DANIEL
Address: 16041 SW 86TH AVE.
City-St-Zip: MIAMI, FL 33157

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

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

Title: MS. () Change (X) Addition
Name: WISNIEWSKI, MICHJELLE
Address: 1008 CALICO JACK CIRCLE
City-St-Zip: CUDJOE KEY, FL 33042

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: DANIEL RUIZ PRES 01/22/2004
Electronic Signature of Signing Officer or Director Date