


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005313
 1. Entity Name
ASSOCIATION FOR DISABLED AMERICANS, INC.



Principal Place of Business 6538 COLLINS AVE., PMB #196 MIAMI BEACH, FL 33141	Mailing Address 6538 COLLINS AVE., PMB #196 MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0646620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, DANIEL
 16041 SW 86TH AVE.
 MIAMI, FL 33157

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, DANIEL 16041 SW 86TH AVE. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUIZ, DANIEL 16041 SW 86TH AVE. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, CHERYL 1111 BRICKELL BAY DR #1801 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFFER, ADAH 2901 S. BAYSHORE DR., #6F MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. WISNIEWSKI, MICHJELLE 1008 CALICO JACK CIRCLE CUDJOE KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000258124
 03/10/05-80028-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *[Signature]* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2-29-05 305-278-9070