

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005313

FILED  
Jan 06, 2010  
Secretary of State

**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:**

WISNIEWSKI, P. MICHELLE  
1008 CALICO JACK CIRCLE  
CUDJOE KEY, FL 33042 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: PD  
Name: WISNIEWSKI, P. MICHELLE  
Address: 1008 CALICO JACK CIRCLE  
City-St-Zip: CUDJOE KEY, FL 33042

Title: VD  
Name: RUIZ, DANIEL  
Address: 104 LINDEN ST.  
City-St-Zip: RUSSELVILLE, AL 35653

Title: SD  
Name: WISNIEWSKI, ANNA  
Address: 1008 CALICO JACK CIRCLE  
City-St-Zip: CUDJOE KEY, FL 33042

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

I hereby 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 all other like empowered.

SIGNATURE: P. MICHELLE WISNIEWSKI

PD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date