

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003110

FILED  
Mar 10, 2008  
Secretary of State

**Entity Name:** ALLIANCE FOR ADA COMPLIANCE, INCORPORATED

**Current Principal Place of Business:**

8445 NW 10TH STREET  
FORT LAUDERDALE, FL 333224601

**New Principal Place of Business:**

**Current Mailing Address:**

8445 NW 10TH STREET  
FORT LAUDERDALE, FL 333224601

**New Mailing Address:**

**FEI Number:** 65-0918325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHULBY, TODD W ESQ  
12555 ORANGE DRIVE  
SUITE 270  
DAVIE, FL 333304304 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: D ( ) Delete  
Name: GARON, JOHN  
Address: 8445 NW 10TH STREET  
City-St-Zip: PLANTATION, FL 333224601

Title: D ( ) Delete  
Name: RIVERA, VATRICE  
Address: 13200 W NEWBERRY ROAD STE Y139  
City-St-Zip: NEWBERRY, FL 326692773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A GARON

D

03/10/2008

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

\_\_\_\_\_  
Date