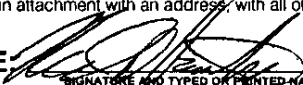


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90077 036 ****61.25

DOCUMENT # 735903 1. Entity Name PILIPINO-AMERICAN ASSOCIATION OF TAMPA BAY, INC.					
Principal Place of Business 1208 MAGNOLIA WOODS CT. LUTZ, FL 33558			Mailing Address 1208 MAGNOLIA WOODS CT. LUTZ, FL 33558		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1800382 Applied For ☐ Not Applicable	
City & State Zip		City & State Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARUTA, JOSEPH P 1208 MAGNOLIA WOODS COURT LUTZ, FL 33549			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRIDO, ROQUE C 1924 BARRINGTON DR. W CLEARWATER, FL 33763 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OMILA, JOSE 5033 BERNADETTE DR ZEPHYRHILLS, FL 33541 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRIDO, APRIL R 1924 BARRINGTON DR. W CLEARWATER, FL 33763 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, MARK D 10507 CASTLEFORD WAY TAMPA, FL 33626 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, MARK D PO BOX 641 ELFUS, FL 34680 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO LONTOK, JOCELYN 6407 MOSS WAY TAMPA, FL 33625 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARUTA, PETER A 1208 MAGNOLIA WOODS COURT LUTZ, FL 33558 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  Mark D. HAMILTON			Date 7/6/07 Daytime Phone # 813 936 5100		

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