


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90294 005 ****61.25

DOCUMENT # 762203

1. Entity Name
PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business 5160 SW 19 STREET PLANTATION FL 33317 US	Mailing Address 5160 SW 19 STREET PLANTATION FL 33317 US
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2. Principal Place of Business 2706 SE 14th ST. Suite, Apt. #, etc. P	3. Mailing Address 2706 SE 14th ST. Suite, Apt. #, etc.
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City & State POMPANO BEACH	City & State POMPANO BEACH	4. FEI Number 59-2674451	Applied For Not Applicable
Zip 33062	Country	Zip 33062	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
BARRIAS, PRUDENCIO S
 5160 SW 19 STREET
 PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name DANIEL C. CRUZ
Street Address (P.O. Box Number is Not Acceptable) 2706 SE 14th ST.
City POMPANO BEACH
State FL
Zip Code 33062

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 Daniel C. Cruz
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE P	RUDIO, LOLITA	<input checked="" type="checkbox"/> Delete
NAME	PO BOX 266383	
STREET ADDRESS	WESTON FL 33326	
CITY-ST-ZIP		
TITLE D	RANCEZ, GERLINDA	<input type="checkbox"/> Delete
NAME	280 RACQUET CLUB ROAD #105	
STREET ADDRESS	WESTON FL 33326	
CITY-ST-ZIP		
TITLE S	WAXMAN, MARIA	<input checked="" type="checkbox"/> Delete
NAME	950 BAYBERRY POINT DRIVE	
STREET ADDRESS	PLANTATION FL 33324	
CITY-ST-ZIP		
TITLE SECRETARY	DALMACIO, TECHIE	<input type="checkbox"/> Delete
NAME	721 THORNRIIDGE AVENUE	
STREET ADDRESS	DAVIE FL 33325	
CITY-ST-ZIP		
TITLE D	CATIBAG, ROD	<input checked="" type="checkbox"/> Delete
NAME	2825 S OAKLAND FOREST DRIVE #103	
STREET ADDRESS	OAKLAND PARK FL 33309	
CITY-ST-ZIP		
TITLE P	DANIEL C. CRUZ	<input type="checkbox"/> Delete
NAME	2706 SE 14th ST.	
STREET ADDRESS	POMPANO BEACH FL 33062	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER	EMY GONZALES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2442 TORTUGAS LANE	
STREET ADDRESS	FORT LAUDERDALE, FL 33312	
CITY-ST-ZIP		
TITLE DIRECTOR	MERCY WEAVER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3130 PEACHTREE CIR	
STREET ADDRESS	DAVIE, FL 33328	
CITY-ST-ZIP		
TITLE DIRECTOR	LOURI POWELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2859 NW 122 AVE	
STREET ADDRESS	CORAL SPRINGS, FL 33065	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #