


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90223 036 \*\*\*\*61.25

<b>DOCUMENT # 762203</b>	
1. Entity Name <b>PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business 2706 SE 14 ST POMPANO BEACH, FL 33062 US	Mailing Address 2706 SE 14 ST POMPANO BEACH, FL 33062 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



.04172006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2674451</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CRUZY, DANIEL9 C**  
2706 SE 14 ST  
POMPANO BEACH, FL 33062

**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 *Emy Gonzales* **Emy GONZALES Treasurer** 4/24/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALES, EMY	
STREET ADDRESS	2442 TORTUGAS LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANCEZ, GERLINDA	
STREET ADDRESS	280 RACQUET CLUB ROAD #105	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, MERCY	
STREET ADDRESS	3130 PEACHTREE CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	DALMACIO, TECHIE	
STREET ADDRESS	721 THORNRIIDGE AVENUE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, LOURI	
STREET ADDRESS	2859 NW 122 AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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 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: *Emy Gonzales* **Emy GONZALES Treasurer** 4/24/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #