2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762203

FILED Jun 24, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 7001 SW 39 COURT 3960 SW 72 WAY DAVIE, FL 33314 US DAVIE, FL 33314 **Current Mailing Address: New Mailing Address:** 7001 SW 39 COURT 3960 SW 72 WAY **DAVIE, FL 33314** US DAVIE, FL 33314 US FEI Number: 59-2674451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRIAS, PRUDENCIO S 5160 SW 19 STREET PLANTATION, FL 33317 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change () Addition () Delete BUGARIN, BENGIE REYES, RODELL Name: Name: 7001 SW 39 COURT Address: 3960 SW 72 WAY Address: **DAVIE, FL 33314** City-St-Zip: City-St-Zip: **DAVIE, FL 33314** Title: () Delete Title: (X) Change () Addition ARZADON, FREIDA Name: VALDERROSA, JOMARI Name: Address: 10661 SW 67 STREET Address: 1970 NW 35 TERRACE City-St-Zip: MIAMI, FL 33173 City-St-Zip: COCONUT CREEK, FL 33066 Title: SEC () Delete Title: (X) Change () Addition BARRIAS, MARIA CORAZON C BARRIAS, MARIA CORAZON C Name: Name: 5160 SW 19 STREET Address: 5160 SW 19 STREET Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 () Delete Title: TREA Title: DIR (X) Change () Addition VALDERROSA, JOMARI Name: Name: AUSTRIA, ALLAN 1970 NW 35 TERRACE Address: Address: 10301 SW 20 STREET City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: **DAVIE, FL 33324** Title: DIR () Delete Title: () Change () Addition ARTEZA, GLORIA Name: Name: 4831 NW 65 AVENUE Address: Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition POWELL. LOURI Name: Name: Address: 2859 NW 122 AVE Address:

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.

City-St-Zip:

SIGNATURE: MARIA CORAZON C BARRIAS DIR 06/24/2008

POMPANO BEACH, FL 33065

City-St-Zip: