

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762203

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

3960 SW 72 WAY
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

3960 SW 72 WAY
DAVIE, FL 33314 US

New Mailing Address:

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:

BARRIAS, PRUDENCIO S
5160 SW 19 STREET
PLANTATION, FL 33317 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: PRES () Delete
Name: REYES, RODELL
Address: 3960 SW 72 WAY
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: VALDERROSA, JOMARI
Address: 1970 NW 35 TERRACE
City-St-Zip: COCONUT CREEK, FL 33066

Title: DIR () Delete
Name: BARRIAS, MARIA CORAZON C
Address: 5160 SW 19 STREET
City-St-Zip: PLANTATION, FL 33317

Title: DIR () Delete
Name: AUSTRIA, ALLAN
Address: 10301 SW 20 STREET
City-St-Zip: DAVIE, FL 33324

Title: DIR () Delete
Name: ARTEZA, GLORIA
Address: 4831 NW 65 AVENUE
City-St-Zip: LAUDERHILL, FL 33319

Title: DIR () Delete
Name: POWELL, LOURI
Address: 2859 NW 122 AVE
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARIA CORAZON C BARRIAS

DIR

05/01/2009

Electronic Signature of Signing Officer or Director

Date