


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90069 027 \*\*\*\*61.25

**DOCUMENT # N01000003267**

1. Entity Name  
 PUC / AUP ALUMNI ASSOCIATION, USA, INC.



Principal Place of Business  
 16140 KENNY ROAD  
 LAUREL, MD 20707

Mailing Address  
 16140 KENNY ROAD  
 LAUREL, MD 20707



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
 59-3722185

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIWAG, MELCHOR R  
 202 BEDFORD RD.  
 ALTAMONTE SPRINGS, FL 32714

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

Filing Fee is \$61.25  
 Due by May 17, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP VILLANUEVA, JEDIDIA 1751 MILL PLAIN RD FAIRFIELD, CT 06430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODA, ALVA 3400 BITTERWOOD PL # 101 LAUREL, MD 20724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA LIWAG, MELCHOR R 202-BEDFORD RD. ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEDINA, LOIDA 8545 KEPHART LN BERRIEN SPRINGS, FL 49103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASTRO, ISRAEL H 16140 KENNY ROAD LAUREL, MD 20707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM CHEN, DELMA Q 11401 WEST SILVER OAK DRIVE AVON PARK, FL 33825 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM VILLANUEVA, SAMUEL 1751 Mill Plain Rd. Fairfield, CT 06430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM Irineo Pantangco 6702 Elmers Court Worthington, OH 43985 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Israel Castro*

Israel Castro

301-614-3330  
 1/25/05