

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36226

FILED
Apr 28, 2005
Secretary of State

Entity Name: POLICE OFFICER ASSISTANCE TRUST, INC.

Current Principal Place of Business:

2634 NW 97 AVE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

2634 NW 97 AVE
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0164129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUGLER, MARILYN
2634 N.W. 97 AVENUE
MIAMI, FL 33172 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: DP () Delete
Name: ROTHLEIN, STEVE D. DIR.
Address: 9105 NW 25 ST, ROOM 3072
City-St-Zip: MIAMI, FL 33172 US

Title: DV () Delete
Name: LOFTUS, JAMES CHIEF
Address: 9105 NW 25 ST, ROOM 2105
City-St-Zip: MIAMI, FL 33172 US

Title: DT () Delete
Name: KUGLER, MARILYN OFC.
Address: 2634 N.W. 97 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DS () Delete
Name: MAAS, FRED CHIEF
Address: 17070 COLLINS AVE, SUITE 255
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYDIA G. ABELL

OFC.

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date