

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36226

**Entity Name:** POLICE OFFICER ASSISTANCE TRUST, INC.

**FILED**  
**Feb 07, 2013**  
**Secretary of State**  
**CC0319462601**

**Current Principal Place of Business:**

1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172

**Current Mailing Address:**

1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172 US

**FEI Number:** 65-0164129

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VILLANUEVA, ADDY  
1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172 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

**Officer/Director Detail :**

Title P  
Name BUTLER, ANGUS H  
Address 1030 NW 111TH AVENUE  
City-State-Zip: MIAMI FL 33172

Title S  
Name PEREZ, JUAN  
Address 1030 NW 111TH AVENUE  
City-State-Zip: MIAMI FL 33172

Title T  
Name VILLANUEVA, ADDY  
Address 1030 NW 111 AVE STE 232  
City-State-Zip: MIAMI FL 33172

Title VP  
Name HUDAK, ED  
Address 2801 SALZEDO ST  
City-State-Zip: MIAMI FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANGUS H. BUTLER

**PRESIDENT**

**02/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date