2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 715620

1. Entity Name
FILIPINO-AMERICAN ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
812 CRESTVIEW CIRCLE WESTON, FL 33327 US	3009 NW 120 WAY SUNRISE, FL 33323 US

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03262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7283890
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROLANDO F. DURIA
127 NW 152ND LN
PEMBROKE PINES, FL 33028

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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) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CIOCON, JERRY MD
STREET ADDRESS	812 CRESTVIEW CIR.
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	SANCHEZ, CESAR
STREET ADDRESS	9355 SW 77TH AVE #404B
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	DURIA, ROLANDO F
STREET ADDRESS	127 NW 152ND LANE
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	V
NAME	SISON, JAIME
STREET ADDRESS	9179 SOUNTAINBLEU BLVD., #4
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	T
NAME	GOMEZ, LITO T.
STREET ADDRESS	3009 NW 120 WAY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	S
NAME	CIOCON, DAISY G PHD
STREET ADDRESS	812 CRESTVIEW CIRCLE
CITY-ST-ZIP	WESTON, FL 33327

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04/11/06-80123-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ LITO GOMEZ 3-27-06 954-224-4452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #