

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715620

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** FILIPINO-AMERICAN ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

812 CRESTVIEW CIRCLE  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

3009 NW 120 WAY  
SUNRISE, FL 33323 US

**New Mailing Address:**

**FEI Number:** 23-7283890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROLANDO F. DURIA  
127 NW 152ND LN  
PEMBROKE PINES, FL 33028 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: P ( ) Delete  
Name: CIOCON, JERRY MD  
Address: 812 CRESTVIEW CIR.  
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Delete  
Name: SANCHEZ, CESAR  
Address: 9355 SW 77TH AVE #404B  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: DURIA, ROLANDO F  
Address: 127 NW 152ND LANE  
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete  
Name: BENITEZ, DIANA  
Address: 2753 SW 133 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: T ( ) Delete  
Name: GOMEZ, LITO T.  
Address: 3009 NW 120 WAY  
City-St-Zip: SUNRISE, FL 33323

Title: S ( ) Delete  
Name: CIOCON, DAISY G PHD  
Address: 812 CRESTVIEW CIRCLE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: CADIZ, EDUARDO T  
Address: 19427 N. COQUINA WAY  
City-St-Zip: WESTON, FL 33332

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

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

Title: T (X) Change ( ) Addition  
Name: GOMEZ, LITO T  
Address: 3009 NW 120 WAY  
City-St-Zip: SUNRISE, FL 33323

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: LITO T. GOMEZ

T

02/17/2009

Electronic Signature of Signing Officer or Director

Date