

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715620

FILED  
Mar 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3009 N.W. 120TH WAY  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

3009 N.W. 120TH 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:**

LITO T. GOMEZ  
3009 NW 120 WAY  
SUNRISE, FL 33323 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  
Name: CIOCON, JERRY MD  
Address: 812 CRESTVIEW CIRCLE  
City-St-Zip: WESTON, FL 33327 US

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

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

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

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

Title: S  
Name: CADIZ, MARIA  
Address: 19427 N COQUINA WAY  
City-St-Zip: WESTON, FL 33332 US

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: LITO T GOMEZ

T

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date