

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762203

**FILED**  
**May 15, 2010**  
**Secretary of State**

**Entity Name:** PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

3960 SW 72 WAY  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

3960 SW 72 WAY  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:** 59-2674451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BARRIAS, PRUDENCIO S  
5160 SW 19 STREET  
PLANTATION, FL 33317 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** REYES, RODELL  
**Address:** 3960 SW 72 WAY  
**City-St-Zip:** DAVIE, FL 33314

**Title:** VP  
**Name:** VALDERROSA, JOMARI  
**Address:** 1970 NW 35 TERRACE  
**City-St-Zip:** COCONUT CREEK, FL 33066

**Title:** DIR  
**Name:** BARRIAS, MARIA CORAZON C  
**Address:** 5160 SW 19 STREET  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** DIR  
**Name:** AUSTRIA, ALLAN  
**Address:** 10301 SW 20 STREET  
**City-St-Zip:** DAVIE, FL 33324

**Title:** DIR  
**Name:** ARTEZA, GLORIA  
**Address:** 4831 NW 65 AVENUE  
**City-St-Zip:** LAUDERHILL, FL 33319

**Title:** DIR  
**Name:** POWELL, LOURI  
**Address:** 2859 NW 122 AVE  
**City-St-Zip:** POMPANO BEACH, FL 33065

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: MARIA CORAZON C BARRIAS

DIR

05/15/2010

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

\_\_\_\_\_  
Date