2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000011722

Entity Name: CENTER FOR FILIPINO-AMERICAN GOVERNMENT ADVOCACY, INC.

Current Principal Place of Business:

1635 MIAMI RD, STE 3
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1635 MIAMI RD, STE 3
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARECEO, GARY
1635 MIAMI RD, STE 3
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

ARCEO, GARY
1635 MIAMI RD, STE 3
FT LAUDERDALE, FL 33316 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: GARY ARCEO 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VILCHES, NENITA
Address: 1083 SE 17TH ST
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: ABUAN, ERNA
Address: 4770 SW 152 TERR
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: ARCEO, GARY
Address: 8220 CLEARY BLVD
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: BUGARIN, BENJAMIN
Address: 7010 SW 39 CT
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: AZBALA, ASTER
Address: 9471 EVERGREEN PL 202
City-St-Zip: FT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NENITA VILCHES DIR 04/29/2005
Electronic Signature of Signing Officer or Director Date