2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011722

FILED Apr 15, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
1635 MIAMI RD, STE 3 FT LAUDERDALE, FL 33316				1089 SE 17 STREET FT LAUDERDALE, FL 33316			
Current Mailing Address:				New Mailing Address:			
1089 SE 17TH STREET FT LAUDERDALE, FL 33316							
FEI Number:	84-1681915	FEI Number Applied For ()	FEI Numb	ber Not Applicable ()	Certificate of Status Desire	d ()	
Name and	Address of Cu	urrent Registered Agent:	1	Name and Address of N	ew Registered Agent:		
	ARY I RD, STE 3 RDALE, FL 33:	316 US	1	ARCEO, GARY 1089 SE 17 STREET FT LAUDERDALE, FL 33	3316 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:					04/15/2009		
	Electronic	c Signature of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ()[VILCHES, NENIT 1083 SE 17TH S' FT LAUDERDALE	iΤ	۸ م	Title: () Name: Address: City-St-Zip:	Change () Addition		
Title: Name: Address: City-St-Zip:	D ()E ABUAN, ERNA 4770 SW 152 TE MIRAMAR, FL 33		۸ م	Title: () Name: Address: City-St-Zip:	Change () Addition		
Title: Name: Address: City-St-Zip:	D () E ARCEO, GARY 8220 CLEARY B PLANTATION, FL		۸ م	Title: () Name: Address: City-St-Zip:	Change () Addition		
Title: Name: Address: City-St-Zip:	D ()[BUGARIN, BENJ 7010 SW 39 CT DAVIE, FL 3331		۸ م	Title: () Name: Address: City-St-Zip:	Change () Addition		
Title: Name: Address: City-St-Zip:	D () [AZBALA, ASTER 9471 EVERGREI FT LAUDERDALI	EN PL 202	۸ <u>م</u>	Title: () Name: Address: City-St-Zip:	Change () Addition		

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: NENITA VILCHES D 04/15/2009