## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009304

FILED Jul 25, 2008 Secretary of State

Entity Name: FILIPINO-AMERICAN POLITICAL ALLIANCE OF FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
875 ROYAL PALM BEACH BLVD. BUITE 107		500 N. JOHN YOUNG PARKWAY SUITE 107		
	LM BEACH, FL 33411 US		E, FL 34741 US	
Current Mailing Address:		New Mailing Address:		
	PALM BEACH BLVD.		HN YOUNG PARKWAY	
SUITE 107 ROYAL PALM BEACH, FL 33411 US		SUITE 107 KISSIMME	, E, FL 34741 US	
	26-0246525 FEI Number Applied For ( ) FEI Number Applied For ( ) FEI Number Applied For ( )	umber Not App		
			Address of New Registered Agent:	
DIAO, CLYI	DE L DR	FONTANIL	LLA, LEILANI	
307 WALDEN ROAD FALLAHASSEE, FL 32317 US			500 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 US	
	named entity submits this statement for the purpose of Florida.	of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE: LEILANI FONTANILLA		07/25/2008	
	Electronic Signature of Registered Agent		Date	
DFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
itle:	C () Delete	Title:	CH (X) Change ( ) Addition	
lame:	BOHOL, ERNESTO S	Name:	RAMOS, ERNESTO PHD	
\ddress: City-St-Zip:	2188 BIG WOOD CAY WEST PALM BEACH, FL 33411 US	Address: City-St-Zip:	1401 NW 92 AVE PEMBROKE PINES, FL 33024 US	
ïtle:	A ( ) Delete	Title:	V CH (X) Change ( ) Addition	
lame:	MOJICA, LUZ	Name:	DOMINADO, EDWIN BA	
ddress:	6280 TOYOTA DRIVE	Address:	P.O. BOX 2863	
ity-St-Zip:	JACKSONVILLE, FL 32244 US	City-St-Zip:	PALM BEACH, FL 33480 US	
ïtle:	D () Delete	Title:	SEC (X) Change ( ) Addition	
lame: .ddress:	BRUCE, EVA 2851 SOMERSET DR #415	Name: Address:	MARTIJA, LITA MA,BA 1719 CROCKER AVE	
city-St-Zip:	LAUDERDALE LAKES, FL 33311	City-St-Zip:	ORLANDO, FL 32806	
ïtle:	D ( ) Delete	Title:	TRES (X) Change ( ) Addition	
lame:	DOMINADO, EDWIN B	Name:	LEILANI, FONTANILLA MA,BSN	
ddress:	PO BOX 2863	Address:	P.O. BOX 470191	
city-St-Zip:	PALM BEACH, FL 33480	City-St-Zip:	CELEBRATION, FL 34747 US	
ïtle:	( ) Delete	Title:	ADV ( ) Change (X) Addition	
lame: .ddress:		Name: Address:	BRUCE, JOY MD 2851 SOMERSET DRIVE #415	
city-St-Zip:		City-St-Zip:	LAUDERLAKE LAKES, FL 33311 US	
itle:	( ) Delete	Title:	ADV ( ) Change (X) Addition	
lame:		Name:	DAGANI, VAL F ATTY.	
\ddress: :ity-St-Zip:		Address:	500 N. JOHN YOUNG PARKWAY	
nty-ot-∠iμ.		City-St-Zip:	KISSIMMEE, FL 34741 US	

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: LEILANI FONTANILA TRES 07/25/2008