

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90029 003 \*\*\*\*61.25

<b>DOCUMENT # N06000011760</b> 1. Entity Name <b>PHILIPPINE-AMERICAN TENNIS ASSOCIATION OF TAMPA BAY INC.</b>					
Principal Place of Business <b>27138 FERN GLADE CT WESLEY CHAPEL, FL 33543</b>			Mailing Address <b>27138 FERN GLADE CT WESLEY CHAPEL, FL 33543</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <b>20-8108720</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CUBERO, JULIUS 27138 FERN GLADE CT WESLEY CHAPEL, FL 33543</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CUBERO, JULIUS 27138 FERN GLADE CT WESLEY CHAPEL, FL 33543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP CRESPO, ROD 1303 HATCHER LOOP DR BRANDON, FL 33511</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BALTZAR, RAFAEL 3643 PEPPERVINE PL WESLEY CHAPEL, FL 33543</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LONTOK, LUIS 6407 MOSS WAY TAMPA, FL 33625</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC LIWANAG, DANILO 9514 COUNTRY CLUB LN DADE CITY, FL 33525</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA RODRIGUEZ, JOEY 17705 HAMPSHIRE OAK DR TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER FABREO, ROMEO 17759 OAK BRIDLE ST. TAMPA, FL 33647</b>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>P. Q. Fabreo</u> <span style="float: right;">8/11/07 813.777-0627</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					