

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006433

FILED  
Jul 16, 2010  
Secretary of State

**Entity Name:** FLORIDA VETERANS ASSOCIATION INC.

**Current Principal Place of Business:**

300 NORTHEAST 191ST STREET #209  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

300 NORTHEAST 191ST STREET #209  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 26-2944818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

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: DPS  
Name: MARRYSHOW, HANS  
Address: 300 N.E. 191ST STREET APT 209  
City-St-Zip: MIAMI, FL 33179

Title: D  
Name: SHAVERS, ERNEST  
Address: 859 N.W. 214TH STREET BLDG 30 AOT 205  
City-St-Zip: MIAMI, FL 33055

Title: D  
Name: MARRYSHOW, DUKE  
Address: 300 NORTHEAST 191ST STREET #209  
City-St-Zip: MIAMI, FL 33179

Title: D  
Name: CALAMAN, PATRICIA  
Address: 18835 NW 48TH AVENUE  
City-St-Zip: MIAMI, FL 33055

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: PATRICIA CALAMAN

D

07/16/2010

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

\_\_\_\_\_  
Date