## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14372

FILED Apr 19, 2006 Secretary of State

Entity Name: FILIPINO-AMERICAN ASSOCIATION OF BREVARD COUNTY, FLORIDA, INC.

Current Pri	ncipal Place	e of Business:	New Princi	New Principal Place of Business:		
3234 ABBO PALM BAY,		US				
Current Ma	iling Addres	ss:	New Mailir	New Mailing Address:		
3234 ABBO PALM BAY,		US	P.O. BOX 3 SATELLITE	72051 BEACH, FL 32937	US	
FEI Number:	59-3063767	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certifica	ate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
DE LA PAZ 3234 ABBO PALM BAY,	T AVE. NE	US				
The above r in the State		submits this statement for the purp	ose of changing it	s registered office or r	egistered agent, or both,	
SIGNATUR	E:					
	Electron	nic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( DE LA PAZ, RO 3234 ABBOT A PALM BAY, FL	VE. NE	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	V ( SIAN, HIRFA 1801 HARDIN I PALM BAY, FL		Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ZIMMERMAN, 321 POLARIS SATELLITE BO	DR.	Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MENDOZA, RC 2100 N ATLAN' COCOA BEACI	TIC AVE #101	Title: Name: Address: City-St-Zip:	T (X) Change ANGELES, MELY 317 LANTERNBACK ISLA SATELLITE BEACH, FL	ND DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the 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: ROMY DE LA PAZ P 04/19/2006