

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

DOCUMENT # N22906

1. Entity Name

PHILIPPINE FRIENDSHIP SOCIETY INC.



01-28-2004 90015 001 ****61.25
01-28-2004 90015 002 *****8.75
01-28-2004 90015 003 *****5.00

Principal Place of Business

6500 MALONEY AVE
LOT 97
KEY WEST FL 33040
US

Mailing Address

6500 MALONEY AVE
LOT 97
KEY WEST FL 33040
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0276974

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELOS TRINOS, RODRIGO C
6500 MALONEY AVE
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P DELOS TRINOS, RODRIGO C 6500 MALONEY AVE #97 KEY WEST FL
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D QUERY, JULIET C #7 TAMARIND DR KEY WEST FL 33040
☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D SHELTON, DR-JOHN 207 SHORE AVE KEY WEST, FL 33040
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CHRISTIAN, BRIAN 19637 SEMINOLE STREET SUGARLOAF FL 33042
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D QUERRY, JULIETA R. #7 TAMARIND DR, KEY WEST, FL 33040
☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(i), 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.

SIGNATURE: *Rodrigo C. Delos Trinos* - RODRIGO C. DELOS TRINOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/04 (305) 294-5732
Date Daytime Phone #