

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-22-2005 90162 001 ****61.25
03-22-2005 90162 002 *****8.75

66011420



1st MOORE CR2E037 (10/04)

DOCUMENT # N22906					
1. Entity Name PHILIPPINE FRIENDSHIP SOCIETY INC.					
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	DELOS TRINOS, RODRIGO C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6500 MALONEY AVE #97		NAME	
STREET ADDRESS		KEY WEST FL		STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	D	GUERRY, JULIETA R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		#7 TAMARIND DR.		NAME	
STREET ADDRESS		KEY WEST FL 33040		STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	D	SHELDON, DR. JOHN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		207 SHORE AVE		NAME	
STREET ADDRESS		KEY WEST, FL 33040		STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	D	CHRISTIAN, BRIAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19637 SEMINOLE STREET		NAME	
STREET ADDRESS		SUGARLOAF FL 33042		STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <i>Rodrigo C. Delos Trinos</i> RODRIGO C. DELOS TRINOS, PRES.				Date: <i>294-5732</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	