

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90817 001 \*\*\*\*\*61.25  
05-03-2004 90817 002 \*\*\*\*\*8.75

**DOCUMENT # N34639**

1. Entity Name

PAST DISTRICT GOVERNORS ASSOCIATION, 35-A,  
INC.



Principal Place of Business

4840 W 2ND LANE  
HIALEAH FL 33012  
US

Mailing Address

4840 W 2ND LANE  
HIALEAH FL 33012  
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

NO-T APPLICABLE

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

NORIEGA, ORESTES  
4840 W 2ND LANE  
HIALEAH FL 33012

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME NOREIGA, ORESTES ☐ Delete  
STREET ADDRESS 4840 W 2ND LANE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE PD Richard Vidal ☐ Change ☐ Addition  
NAME 6895 Pinehurst Dr.  
STREET ADDRESS Miami, Fl. 33015  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME DE LA HERA, LIND  
STREET ADDRESS 580 SOUTH DR  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE VPD Jack Hagopian ☐ Change ☐ Addition  
NAME P.O. Box 804  
STREET ADDRESS Key Largo, Fl. 33037  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME VIDAL, RICHARD  
STREET ADDRESS 6893 PINEHURST DR  
CITY-ST-ZIP MIAMI FL 33015

TITLE ~~SD-Orestes-Noriega~~ ☐ Change ☐ Addition  
NAME 4840 W. 2nd Lane  
STREET ADDRESS Hialeah, Fl. 33012  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME CARRAZANA, OSCAR  
STREET ADDRESS 9111 E BAY HARBOR DR 2 E  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE Td Oscar Carrazana ☐ Change ☐ Addition  
NAME 9111 E Bay Harbor Dr 2E  
STREET ADDRESS Bay Harbor, Fl. 33154  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME SLEMP, SANDRA  
STREET ADDRESS 4923 SW 32 WAY  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE D Stacey W Jones ☐ Change ☐ Addition  
NAME 19140 N.W. 22nd Pl.  
STREET ADDRESS Miami, Fl. 33056  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Orestes Noriega*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

305-821-7781