

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

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90037 028 ****61.25

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



1st MOORE

CR2E037 (10/04)

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, 2005**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	NOREIGA, ORESTES	
STREET ADDRESS	4840 W 2ND LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HAGOPIAN, JACK	
STREET ADDRESS	PO BOX 804	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VIDAL, RICHARD	
STREET ADDRESS	6893 PINEHURST DR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARRAZANA, OSCAR	
STREET ADDRESS	9111 E BAY HARBOR DR 2 E	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, STACEY W	
STREET ADDRESS	19140 NW 22ND PL	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGOPIAN, JACK	
STREET ADDRESS	PO BOX 804	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STACEY W	
STREET ADDRESS	19140 NW 22ND PL	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOAYZA, RALPH	
STREET ADDRESS	400 LESLIE DR #229	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAZANA, OSCAR	
STREET ADDRESS	9111 E BAY HARBOR DR 2E	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORIEGA, ORESTES	
STREET ADDRESS	4840 W 2ND LANE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **ORESTES NORIEGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-821-7781