


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 8:00 am
Secretary of State

02-16-2006 90048 015 ****70.00

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 <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 NORIEGA, ORESTES 4840 W 2ND LANE HIALEAH FL 33012				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGARION, JACK		NAME	Stacey Jones	
STREET ADDRESS	P.O. BOX 804		STREET ADDRESS	19140 N.W. 22nd Pl	
CITY-ST-ZIP	KEY LARGO FL 33837		CITY-ST-ZIP	Miami, Fl. 33056-2649	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VpD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STACEY W		NAME	Loaiza, Ralph	
STREET ADDRESS	19140 NW 22ND PL		STREET ADDRESS	400 Leslie Dr. #229	
CITY-ST-ZIP	OPA LOCKA FL 33056		CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONYZA, RALPH		NAME	Lino De La Hera	
STREET ADDRESS	400 LESLIE DR, # 229		STREET ADDRESS	580 South Dr.	
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	Miami Springs, Fl. 33166	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAZONA, OSCAR		NAME	Carrazana, Oscar	
STREET ADDRESS	9111 E BAY HARBOR DR, 2E		STREET ADDRESS	911 E Bay Harbor Dr 2E	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		CITY-ST-ZIP	Bay Harbor Islands, Fl. 33154	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORIEGA, ORESTES		NAME		
STREET ADDRESS	4840 W 27TH LANE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		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 exemptions contained in Section 119, 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: <u>OSCAR CARRAZONA</u> OSCAR CARRAZONA TD			305-866-9180		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		



ATTACHMENT

66003884

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

PAST DISTRICT GOVERNORS ASSOCIATION, 35-A, INC.
4840 W 2ND LANE
HIALEAH, FL 33012 US

Subject: PAST DISTRICT GOVERNORS ASSOCIATION, 35-A, INC.

Reference Number:

N34639

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION