


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N44786
 1. Entity Name
PHILIPPINE PERFORMING ARTS COMPANY, INC.



Principal Place of Business Mailing Address
 5701 N. 20TH ST. 5033 BERNADETTE DRIVE
 TAMPA, FL 33610 ZEPHYRHILLS, FL 33541

DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3087640 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
OMILA, JOSE HORSTMANN
 5033 BERNADETTE DRIVE
 ZEPHYRHILLS, FL 33541-1910

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C SANTIANO, OLIVA 791 WEATHERFIELD ST. DUNEDIN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUA, WILLIAM MD 6325 GARLAND CT NEW PORT RICHEY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUELO, ROBERTO 16409 ASHWOOD DR. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIANAN, ESTHER 4618 BAY TO BAY BLVD. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C ABINALES, PACITA M 1522 75TH CIRCLE NE ST PETERSBURG, FL 33702 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

11. **DO NOT WRITE IN THIS SPACE**

1000001276382
 03/25/05-80038-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Estrella A. Gianan **ESTRELLA A. GIANAN** 3/20/05 935-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #