


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005028</b>	
<b>1. Entity Name</b> THE FILIPINO TRAVELERS OF FLORIDA, VALLEY OF JACKSONVILLE, INC.	

<b>Principal Place of Business</b> 557 SEASPRAY AVE ATLANTIC BEACH, FL 32233	<b>Mailing Address</b> 557 SEASPRAY AVE ATLANTIC BEACH, FL 32233
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02012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3281707	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  AMAN, ARMANDO 557 SEASPRAY AVE ATLANTIC BEACH, FL 32233
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000670698  
03/27/07-80122-004 70.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D AMAN, ARMANDO 557 SEASPRAY AVE ATLANTIC BEACH, FL 32233
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ANTONIO, RHYNO 5115 TIMAWATHA AVE JACKSONVILLE, FL 32210
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BARRO, VIRGILIO 2295 RICHARD LEE ST ORANGE PARK, FL 32073
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BILGERA, JOSE 8251 HAMDEN CIR E JACKSONVILLE, FL 32244
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D DEL ROSARIO, ROMEO 1783 S LAKE DR MIDDLEBURG, FL 32068
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D DIOKNO, BAYANI 7404 AMANDAS CROSSING DR JACKSONVILLE, FL 32244

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Armando V. Aman **03/13/07** **(904) 241-2153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #