

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended 10f2  
FILED

05 MAY 23 PM 3:47

RECEIVED STATE  
TALLAHASSEE, FLORIDA



05062005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0709498 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ENDARA, IRMA GRIMALDO  
6405 NW 36 STREET  
228  
MIAMI, FL 33156

## 7. Name and Address of New Registered Agent

Name **Emilsa Lopez**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 SW, 34 AVE**  
City **Miami** FL Zip Code **33135**

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 filing with, and accept the obligations of registered agent.

06/01/05--01033--023 \*\*\$61.25

SIGNATURE *Emilsa Lopez* **Emilsa LOPEZ PRESIDENT** 05/12/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ENDARA, IRMA GRIMALDO	9814 SW 133 CT.	MIAMI, FL 33186	<input checked="" type="checkbox"/>
VD	HALPHEN, LICIA G	15625 SWE 47 TER.	MIAMI, FL 33185	<input checked="" type="checkbox"/>
VD	JUAREZ, MICDALIAH	6865 GIENNEAGLE DR.	MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/>
S	RIBA, ROXANNA	7010 NW 50 ST.	MIAMI, FL 33166	<input checked="" type="checkbox"/>
T	ALAMEDA, NUBIA	7225 SW 128 CT.	MIAMI, FL 33183	<input checked="" type="checkbox"/>
D	OATES, JEANNINE	7901 SW 144 ST	MIAMI, FL 33158	<input checked="" type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President/Director	Emilsa Lopez	6405 NW 36 <sup>th</sup> Street, #228	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/Director	Eleanor Waterman	6405 NW 36 <sup>th</sup> Street, #228	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP Public Relations	Amy Lopez	6405 NW 36 <sup>th</sup> Street, #228	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer/Director	Maritza Barrocas	6405 NW 36 <sup>th</sup> Street, #228	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assn't Treasurer	Anamaria Endara	6405 NW 36 <sup>th</sup> Street, #228	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary/Director	Mirna Homechea	6405 NW 36 <sup>th</sup> Street, #228	Miami, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 information.

SIGNATURE: *Emilsa Lopez* Emilsa Lopez, President 5/12/2005 (305) 498-9348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2092

**2005 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT  
Page 2**

**DOCUMENT # N96000005861**

Entity Name

**ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA  
SOCIAL, INC.**

**11. ADDITIONAL OFFICER:**

Assn't Secretary

Katherine Seferlis

6405 NW 36<sup>th</sup> Street, #228

Miami, FL 33156