

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001690	
1. Entity Name ORNAMENTAL AQUACULTURE ASSOCIATION OF SOUTH FLORIDA, INC.	

Principal Place of Business 19255 S.W. 260TH STREET HOMESTEAD, FL 33031	Mailing Address 19255 S.W. 260TH STREET HOMESTEAD, FL 33031
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03162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1523201	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEMASON, LAIF J 19255 S.W. 260TH STREET HOMESTEAD, FL 33031

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IN THIS SPACE**

6. 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 reissuing) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2006

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	D DEMASON, LAIF 19255 S.W. 260TH STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADICE, PAUL 16375 S.W. 256TH STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRO, RICHARD POST OFFICE BOX 900931 N/A HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEZWART, ARIE POST OFFICE BOX 162044 N/A MIAMI, FL 33116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/06-80097-004 61.25

**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:

Laif J. Demason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2006 *605-248-6640*
DATE Daytime Phone #