

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 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



04122008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
31-1523201

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DEMASON, LAIF J  
19255 S.W. 260TH STREET  
HOMESTEAD, FL 33031

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U0000009138004  
05/08/08-80031-005 61.25

**10. OFFICERS AND DIRECTORS**

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 18, 2008

305 248 6640