

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001690

FILED  
Apr 04, 2009  
Secretary of State

**Entity Name:** ORNAMENTAL AQUACULTURE ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

19255 S.W. 260TH STREET  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

19255 S.W. 260TH STREET  
HOMESTEAD, FL 33031

**New Mailing Address:**

**FEI Number:** 31-1523201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEMASON, LAIF  
Address: 19255 S.W. 260TH STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: RADICE, PAUL  
Address: 16375 S.W. 256TH STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: BIRO, RICHARD  
Address: POST OFFICE BOX 900931 N/A  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: DEZWART, ARIE  
Address: POST OFFICE BOX 162044 N/A  
City-St-Zip: MIAMI, FL 33116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAIF DEMASON

D

04/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date