


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002687

1. Entity Name
PROFESSIONAL AVIATION MAINTENANCE ASSOCIATION (GOLD COAST CHAPTER), INC.



Principal Place of Business 5001 N W 105 DR CORAL SPRINGS, FL 33076 US	Mailing Address 5001 NW 105 DRIVE CORAL SPRINGS, FL 33076 US
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01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0757398	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUIFFO
CUIFFO, PATRICIA
5001 N W 105 DR
CORAL SPRINGS, FL 33076

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, 2004

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	T CUIFFO, PATRICIA 5001 N W 105TH DR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LALLA, BART 5001 N W 105 DR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VILLANO-RICE, FRAN 5001 N W 105 DR CORAL SPRINGS, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/26/04-80004-012 61.25

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 like empowered

SIGNATURE: *Patricia Cuiffa Miller* **2-22-04** **954-788-0980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #