

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006275

FILED
Apr 30, 2005
Secretary of State

Entity Name: PHILIPPINE AMERICAN FEDERATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

659 NE 125TH STREET
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

659 NE 125TH STREET
MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0793909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUDIOSI, JOHN
3801 N FEDERAL HWY
POMPANO BEACH, FL 33064 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: P () Delete
Name: GARCIA, RIC
Address: 290 NW 165 ST.
City-St-Zip: MIAMI, FL 33161

Title: S () Delete
Name: PONTENILA, EMMA
Address: 7000 NW 63RD CT
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: KRANZEL, HELEN
Address: 468 CAMERON DR
City-St-Zip: FT LAUD, FL 33326

Title: T () Delete
Name: LEE, LILA
Address: 19304 NE 25TH AVE
City-St-Zip: MIAMI, FL 33180

Title: D () Delete
Name: BRUCE, JOCELYN H
Address: 7601 EAST TREASURE DRIVE, #2001
City-St-Zip: NORTH BAY HILL, FL 33141

Title: D () Delete
Name: TRINIDAD, BENNIE
Address: 659 NE 125 ST
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, RICARDO
Address: 1085 DEERWOOD LANE
City-St-Zip: WESTON, FL 33326

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

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

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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 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 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: RICARDO GARCIA

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date