

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002472

FILED  
May 31, 2005  
Secretary of State

**Entity Name:** POLYNESIAN AMERICAN CULTURE ASSOCIATION, INC.

**Current Principal Place of Business:**

505 S.W. 14TH STREET  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

505 S.W. 14TH STREET  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 65-0852499      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ROCHLIN, DEBRA P  
900 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33301      US

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: TD      ( ) Delete  
Name: ALAILIMA, CHIEF FALA  
Address: 505 S.W. 14TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DVP      ( ) Delete  
Name: LILII, NIFO  
Address: 3861 SW 60TH TERRACE  
City-St-Zip: DAVIE, FL 33314

Title: TS      ( ) Delete  
Name: KELLY, FA'ASI'U  
Address: 1115 NW 107 ST  
City-St-Zip: MIAMI, FL 33168

Title: D      ( ) Delete  
Name: LEAO, TAMA  
Address: 4491 NE 19TH AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: T      ( ) Delete  
Name: ALAINLIMA, GAIL  
Address: 505 SW 14TH ST  
City-St-Zip: FT LAUDERDALE, FL

Title: D      ( ) Delete  
Name: MADRID, MIKE  
Address: 1749 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE, FL 33009

**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:

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: FJALAILIMA

PRES

05/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date