

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000071971

FILED
Jul 17, 2009
Secretary of State

Entity Name: FLORIDA VFW ASSISTANCE PROGRAM CORP.

Current Principal Place of Business:

543 NE SANCHEZ AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

C/O C. V. VASANI
4300 GREEN RIVER ROAD #112-103
CORONA, CA 92880

New Mailing Address:

C/O C. V. VASANI
4230 GREEN RIVER ROAD #101
CORONA, CA 92880

FEI Number: 59-3278226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BACHAND, BENNY
543 NE SANCHEZ AVE
OCALA, FL 34470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARVAYO, SILVIA
Address: 19101 MYSTIC POINT TOWER 200 #1209
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: ARVAYO, SILVIA
Address: 19101 MYSTIC POINT TOWER 200, #1209
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: VASANI, C. V.
Address: 4300 GREEN RIVER ROAD #112-103
City-St-Zip: CORONA, CA 92880

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA ARVAYO

PRES

07/17/2009

Electronic Signature of Signing Officer or Director

Date