#### 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762203** 

Entity Name: PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA,

INC.

Apr 30, 2025 Secretary of State 7808002507CC

**FILED** 

### **Current Principal Place of Business:**

9500 N HOLLYBROOK LAKE DRIVE

#5-203

PEMBROKE PINES, FL 33025

# **Current Mailing Address:**

9500 N HOLLYBROOK LAKE DRIVE #5-203

PEMBROKE PINES, FL 33025 US

FEI Number: 59-2674451 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

VILCHES, ZOSIMO 9500 N HOLLYBROOK LAKE DRIVE PEMBROKE PINES, FL 33025 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: ZOSIMO VILCHES 04/30/2025

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRES** Title VICE PRESIDENT VILCHES, ZOSIMO Name Name VILLACORTA, EDUARDO Address 9500 N HOLLYBROOK LAKE DRIVE Address 5811 SW 88TH TERRACE #5-203 City-State-Zip: COOPER CITY FL 33328 City-State-Zip: PEMBROKE PINES FL 33025

Title **BOARD OF DIRECTOR BOARD OF DIRECTOR** Title Name MALUBAY, ROGER Name MONDEJAR, ROSELINA 1401 NE 176TH STREET Address Address 500 SW 17TH STREET

City-State-Zip: NO. MIAMI BEACH FL 33162 City-State-Zip: FT. LAUDERDALE FL 33315

Title **BOARD OF DIRECTOR** 

Title **BOARD OF DIRECTOR** Name ESPEJO, ALEX POWELL, LORIE Name Address 10871 NW 25TH CT. 2830 SW 19TH TERRACE Address

City-State-Zip: SUNRISE FL 33322 City-State-Zip: FT. LAUDERDALE FL 33315

Title **BOARD OF DIRECTOR** Title **BOARD OF DIRECTOR** Name MELLIZA, JAKE RUSSEL AMON, JUN Name Address 500 SW 17TH STREET

12980 SW 27TH STREET Address City-State-Zip: FORT LAUDERDALE FL 33315

City-State-Zip: MIRAMAR FL 33027

I hereby 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 all other like empowered.

SIGNATURE: ZOSIMO VILCHES **PRESIDENT** 04/30/2025