

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006575

**FILED**  
**Mar 27, 2023**  
**Secretary of State**  
**7211132754CC**

**Entity Name:** PAN AMERICAN HOCKEY FEDERATION, INC.

**Current Principal Place of Business:**

2605 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2605 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-4480744

**Certificate of Status Desired:** No

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

JONATHAN M. DRUCKER, P.A.  
2605 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 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:** JONATHAN M. DRUCKER

03/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BUDEISKY, ALBERTO  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name CICINELLI, MARY  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DOGGETT, ANN  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GILLESPIE, BREE  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name CRAIG-ROUSSEAU, MAUREEN  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name KRAMER, WALTER  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name PICCONE, GIANNI DELUCCHI  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name FIEDTKOU, TRICA  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

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*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:** MARY CICINELLI

**TREASURER**

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEWART, FABIAN  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name CORTES, ADEMIR MONTENEGRO  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title ATHLETES REPRESENTATIVE  
Name PEARSON, MARK  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134