


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90118 004 ****61.25

DOCUMENT # N98000004893

1. Entity Name
VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC.



Principal Place of Business
**10416 CYPRESS LAKE PRESERVE DR
 LAKE WORTH, FL 33467 US**

Mailing Address
**P.O. BOX 670846
 CORAL SPRINGS, FL 33067 US**

00051397



2. Principal Place of Business
2023 Parkside Ave

3. Mailing Address
 Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State
Margate FL

City & State

4. FEI Number
65-1024291

Applied For
 Not Applicable

Zip
33063

Country
Broward

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LE, ANTHONY
 10416 CYPRESS LAKE PRESERVE DR
 LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent
 Name **ALAIN TRAN**
 Street Address (P.O. Box Number is Not Acceptable)
2023 Parkside Ave
 City **Margate FL** Zip Code **33063**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ALAIN TRAN** **4.27.08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAN, PHUONG N 3853 NW 42ND WAY COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LE, ANTHONY L 10416 CYPRESS LAKE PRESERVE DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHAM, HIEU 7502 COLONY PALM DR BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, NGUYET 5720 S. SABLE CIR MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAN, ALAIN 2023 Parkside Ave Margate FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CINDY OANH NGUYEN 7407 S.W. 135 ST North Lauderdale FL 33068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 6642 ALISO AVE WEST PALM BEACH FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:  **4.28.05 954 968 6652**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RECEIVED

MAY 02 2005