2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N98000004893 04-24-2006 90428 028 ****61.25 VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2023 PARKSIDE AVE P.O. BOX 670846 40060491 MARGATE, FL 33063 US CORAL SPRINGS, FL 33067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01172006 Cha-NP CR2E037 (11/05) 4. FEI Number 65-1024291 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRAN, ALAIN 2023 PARKSIDE AVE MARGATE, FL 33063 2ip Code 33008 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 Signature, type tered agent and title if applicable Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRAN, PHUONG N NAME NAME STREET ADDRESS 3853 NW 42ND WAY STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP VICE - PRESIDENT VD TITLE Delete Addition TRAN, JENNIFER DANH 518 SW 73th Ave dale FL 33068 VICE PARCHIDENT NChange | Addition TRAN, ALAIN NAME NAME 2023 PARKSIDE AVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE NGUYEN, CINDY OANH NAME NAME 7407 SW 13th STREET 7407 SW 1305 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NGUYEN, NGUYET NAME NAME STREET ADDRESS 6642 ALISO AVE STREET ADDRESS WEST PALM BEACH, FL 33413 CITY-ST-ZIP CITY-ST-7IP Secretary TITLE ☐ Delete TITLE X Addition NAME NAME HUONG KIM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

NGOC-PHUONG LE TRAN

FILED