



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N16342 1. Entity Name ASIAN AMERICAN CHAMBER OF COMMERCE, INC.				FILED 04 DEC 14 AM 8:38 SECRETARY OF STATE 400042186124 10/26/04 ALHAMBRA DR ORLANDO FL 32808	
Principal Place of Business C/O 200 S ORANGE AVE STE 2300 ORLANDO, FL 32802 US		Mailing Address P.O. BOX 1584 ORLANDO, FL 32802 US			
2. Principal Place of Business % 25 S. Magnolia Ave.		3. Mailing Address PO Box 1586			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Orlando, FL		4. EIN 59-3217297	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32802-1586		Country USA		6. Name and Address of Current Registered Agent FARNER, CECILIA 1400 W FAIRBANKS AVE 102 WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name Marlene Lasch Street Address (P.O., Box, Number, Name, Apartment) 25 S. Magnolia Avenue City Orlando FL 32801		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 M. Lasch Marlene Lasch Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEE, ROBERT C 200 S ORANGE AVE, STE 2300 ORLANDO, FL 32802	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marlene Lasch 25 S. Magnolia Ave. Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKAGGS, LAURA 610 WESTLAKE CR LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shirley "Ze" Khourisader 160 International Parkway, Suite 200 Heathrow, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARNER, CECILIA 1400 W FAIRBANKS AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD David Fong, CPA/PFS 1221 E. Robinson St. Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODOMO, LYNDON 1026 DUNRAVEN DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 520 N. Orlando Ave., Suite 27 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL 8623 COMMODITY CR ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Forbes 6586 University Blvd., Suite 7 Orlando, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, ANTHONY 5401 ALHAMBRA DR ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Song 3117 E. Colonial Dr. Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" 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 empowered.					
SIGNATURE: M. Lasch Marlene Lasch 10-14-04 407-649-2069 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					