# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 24, 2005**
**Secretary of State**

DOCUMENT# N16342

**Entity Name:** ASIAN AMERICAN CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

C/O 25 S. MAGNOLIA AVE
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1586
ORLANDO, FL 328021586 US

**New Mailing Address:**

**FEI Number: 59-3217297** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

LASCH, MARLENE
25 S. MAGNOLIA AVENUE
ORLANDO, FL 32801 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | LASCH, MARLENE | |
| Address: | 25 S. MAGNOLIA AVE | |
| City-St-Zip: | ORLANDO, FL 32801 | |
| Title: | SD | ( ) Delete |
| Name: | KHOURISADER, SHIRLEY Z | |
| Address: | 160 INTERNATIONAL PARKWAY, SUITE 200 | |
| City-St-Zip: | HEATHROW, FL 32746 | |
| Title: | TD | ( ) Delete |
| Name: | FONG, DAVID CPA,PFS | |
| Address: | 1221 E ROBINSON ST | |
| City-St-Zip: | ORLANDO, FL 32801 | |
| Title: | D | ( ) Delete |
| Name: | MODOMO, LYNDON | |
| Address: | 520 N ORLANDO AVE, SUITE 27 | |
| City-St-Zip: | WINTER PARK, FL 32789 | |
| Title: | D | ( ) Delete |
| Name: | WRIGHT, MICHAEL | |
| Address: | 8623 COMMODITY CR | |
| City-St-Zip: | ORLANDO, FL 32819 | |
| Title: | D | ( ) Delete |
| Name: | FORBES, NANCY | |
| Address: | 6586 UNIVERSITY BLVD, SUITE 7 | |
| City-St-Zip: | ORLANDO, FL 32792 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | BROTHERS, RINA | |
| Address: | 549 TERRACE COVE WAY | |
| City-St-Zip: | ORLANDO, FL 32828 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RINA BROTHERS D 08/24/2005

Electronic Signature of Signing Officer or Director — Date