


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90155 038 ****61.25

DOCUMENT # N04000003877					
1. Entity Name ASIAN PACIFIC AMERICAN BAR ASSOCIATION OF SOUTH FLORIDA, INC.					
Principal Place of Business C/O KIRKPATRICK & LOCKHART 201 S. BISCAYNE BLVD., STE. 2000 MIAMI, FL 33131			Mailing Address C/O KIRKPATRICK & LOCKHART 201 S. BISCAYNE BLVD., STE. 2000 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-1044675				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMONITSCH, WILLIAM J 201 SOUTH BISCAYNE BOULEVARD SUITE 2000 MIAMI, FL 33131			Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, JAY 200 SOUTH BISCAYNE BOULEVARD, STE 4000 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sum, Alice 100 SE 2nd St., 34th floor Miami, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONITSCH, WILLIAM J 201 S. BISCAYNE BLVD. MIAMI CENTER, 20TH F MIAMI, FL 331312399	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JO, SUZAN ONE SOUTHEAST THIRD AVE. MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCANDREWS, MIMI C/O 360 HIATT DRIVE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBSON, GRACE 350 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	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"/> Delete	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 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 changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/06 305-539-3336 <small>Date Daytime Phone #</small>			