2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000003877

Entity Name: ASIAN PACIFIC AMERICAN BAR ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1044675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, ANITA M
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 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:	O	( ) Delete
Name:	SIMONITSCH, BILL	
Address:	200 SOUTH BISCAYNE BLVD, SUITE 3900	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	O	( ) Delete
Name:	KENGSKOOL, SRIVITTA	
Address:	701 BRICKELL AVENUE, SUITE 3000	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	O	( ) Delete
Name:	MIN, BARNABY	
Address:	444 BRICKELL AVENUE, SUITE M100	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	O	( ) Delete
Name:	MOSS, ANITA M	
Address:	1395 BRICKELL AVENUE, 14TH FLOOR	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	D	( ) Delete
Name:	SUM, ALICE	
Address:	1395 BRICKELL AVENUE, 14TH FLOOR	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	D	( ) Delete
Name:	KIM, JAY	
Address:	ONE FINANCIAL PLAZA, SUITE 2600	
City-St-Zip:	FT. LAUDERDALE, FL 33394	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	O	(X) Change ( ) Addition
Name:	WILLIAMS, MICHELLE	
Address:	2655 LEJEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	O	(X) Change ( ) Addition
Name:	MIN, BARNABY	
Address:	444 SW 2ND AVENUE, SUITE 945	
City-St-Zip:	MIAMI, FL 33131 US	
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 exemption stated 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 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: ANITA MARGOT MOSS O 04/30/2009

Electronic Signature of Signing Officer or Director — Date