

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16342

Entity Name: ASIAN AMERICAN CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**632 BLENHEIM LOOP
WINTER SPRINGS, FL 32708**Current Mailing Address:**P.O. BOX 1586
ORLANDO, FL 32802-1586 US**FEI Number:** 59-3217297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOTO, ALBERTO
200 SOUTH ORANGE AVENUE
SUITE 1450
ORLANDO, FL 32801 US*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:** ALBERTO SOTO

04/30/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSTON, COCO
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title VP EXTERNAL
Name LLAMAS, KATHY
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title VP INTERNAL
Name MAI, JOHN
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title SECRETARY
Name MERRITT, WILLIAM
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title TREASURER
Name SOTO, ALBERTO
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title SGT AT ARMS
Name SRINIVASAN, KANNAN
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title DIRECTOR
Name RAYOS, GAYLE
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title DIRECTOR
Name HAYLES, DAHLIA
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

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I hereby 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 all other like empowered.

SIGNATURE: ALBERTO SOTO**TREASURER**

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MA, VI
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586

Title DIRECTOR
Name ABUEG, CESAR
Address P.O. BOX 1586
City-State-Zip: ORLANDO FL 32802-1586