

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700624

FILED
Jan 06, 2005
Secretary of State

Entity Name: CHINESE-AMERICAN BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

5121 HAWKHURST AVE
FT LAUDERDALE, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

5121 HAWKHURST AVE
FT LAUDERDALE, FL 33331 US

New Mailing Address:

10729 SW 104 STREET
KILLIAN PROFESSIONAL VILLAGE
MIAMI, FL 33176 US

FEI Number: 65-0710581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, TSE
5121 HAWKHURST AVE
FT LAUDERDALE, FL 33331 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: D () Delete
Name: LOW, GOW S
Address: 3469 LENOX MILL ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: TSE, FRANKLIN
Address: 5121 HAWKHURST AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: D () Delete
Name: HOM, ALICE,
Address: 3101 NW 6 ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ENG, KEE JUEN
Address: 6871 WEDGEWOOD AVE
City-St-Zip: DAVIE, FL

Title: D () Delete
Name: LEM, HA
Address: 3095 NW 4 TER
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: CHOW, K.C.
Address: 217 MERSE PLAZA
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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: FRANKLIN TSE

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date