

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751946

FILED  
May 05, 2005  
Secretary of State

**Entity Name:** FLORIDA DELEGATION, SE--US/JAPAN ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 PONCE DE LEON BLVD.  
SUITE 700  
CORAL GABLES, FL 33152

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 523530  
MIAMI, FL 33152

**New Mailing Address:**

**FEI Number:** 59-2032225      **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:**

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

WOODWARD, DAVE MD  
2801PONCE DE LEON BLVD.  
SUITE 700  
MIAMI, FL 33134 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: WOODWARD, DAVE  
Address: 10400 N.W. 33RD STREET, STE. 200  
City-St-Zip: MIAMI, FL 33172

Title: CD ( ) Delete  
Name: CALLEN, CLAIRE  
Address: 2201 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VCD ( ) Delete  
Name: CASTORO, WILLIAM M  
Address: 7887 BRYAN DAIRY ROAD, SUITE 120  
City-St-Zip: LARGO, FL 33777

Title: TD ( ) Delete  
Name: YOICHI, KOBAYASHI  
Address: 6741 SW 132 STREET  
City-St-Zip: PINECREST, FL 33156

Title: SD ( ) Delete  
Name: HAL, SUMRALL  
Address: 722 CHICKAPEE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: PAYNE, ROBERT W  
Address: 504 W. DAVIS BLVD  
City-St-Zip: TAMPA, FL 33606

**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  
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: DAVE WOODWARD

MD

05/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date