


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006287

1. Entity Name
**SUN YAT SEN UNIVERSITY OF MEDICAL SCIENCES
 GUANG HAU MEDICAL COLLEGE ALUMNI ASSOCIATION
 OF AMERI**



Principal Place of Business 7550 HINSON ST 9C ORLANDO, FL 32819	Mailing Address 7550 HINSON ST 9C ORLANDO, FL 32819
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3672930	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHENG, HOMER H
 7550 HINSON ST 9C
 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHENG, HOMER H 7550 HINSON ST 9C ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WONG, LINCOLN 2430 WAWONA ST SAN FRANCISCO, CA 94116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEW, NORMAN 1038 SANTIAGO ST SAN FRANCISCO, CA 94116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YU, HONG Y ING 316 BEDFORD LN AMERICAN CANYAN, CA 94503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UNIFORM FILING SYSTEM
 01/21/05-80035-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I/we empowered

SIGNATURE: Homer H. Cheng (Homer H. Cheng) 1/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year