2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000002983

1. Entity Name

THE CULTURAL AND EDUCATIONAL SCHOLARSHIP FOUNDATION OF TAIWAN BUSINESS ASSOCIATION OF SOUTH FLOR



FILED May 04, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1951 NW 22ND ST

DOC

1 Er6', * .

FT LAUDERDALE, FL 33311

P.O. BOX 526842 MIAMI, FL 33152-6842



05012007 No Chg-NP

CR2E037 (4/06)

4. FEI Number Applied For 65-1130985 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

<u>TH</u>= (FOUR 6. Name and Address of Current Registered Agent COU

LIU, PAT V 319 CANDIA AVENUE MIAMI, FL 33134

DO NOT WRITE

; (¹);, 'C	00104			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 Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
DO.	Filing Fee is \$61.25 Due by May 1, 2007	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 WU, TSAI-HUI 1951 NW 22ND ST FT LAUDERDALE, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIU, PAT V 319 CANDIA AVE MIAMI, FL 33134				000000761840 05/25/07-80072-009 61.25 _
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DC	NOT WRITE
TITLE .: NAME . STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME - STREET ADDRESS CITY-ST-ZIP					
ȚITLE NAME					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

> ررك SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR