

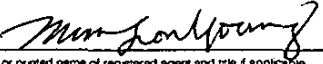
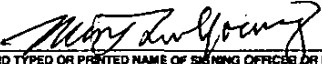


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90050 021 ****61.25

DOCUMENT # N03000000153 1. Entity Name GLOBAL ALLIANCE FOR DEMOCRACY & PEACE FLORIDA CHAPTER INC.					
Principal Place of Business 21 NE 166 ST MIAMI, FL 33162			Mailing Address 21 NE 166 ST MIAMI, FL 33162		
2. Principal Place of Business 7600 SW 124 street		3. Mailing Address 7600 SW 124 street		 03262005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL			
Zip 33156		Zip 33156		4. FEI Number 56-2345804	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
8. Name and Address of Current Registered Agent TSENG, GEORGE 21 NE 166 ST MIAMI, FL 33162			7. Name and Address of New Registered Agent Name Ming-Lon Young Street Address (P.O. Box Number is Not Acceptable) 7600 SW 124 Street City Miami FL Zip Code 33156		
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 3/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TSENG, GEORGE <input checked="" type="checkbox"/> Delete 21 NE 166 ST MIAMI, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ming-Lon Young <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7600 SW 124 St Miami FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Ming-Lon Young 3/26/05 305-585-5696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					