## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2004 8:00 am Secretary of State

Principal Flacin of Pauriness 1773 PINEFURST RD. DIRECTOR 1808  2. Principal Place of Business 501 Sanday Creek Dr. Suite, April 4, ortic Suite, April 5, ortic Suite, April 6,	DOCUMENT # N0300004684  1. Entity Name FLORIDA HMONG COMMUNITY, INC.					03-01-2004 90046 046 ****61.25				
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Sulfie, Apt. 6, etc.    Sulfie, Apt. 6, etc.					_				9711	
Brandon   FL	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01252004	Chg-NP	CR2E037 (10/03	3)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Certificate of Status Desired  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered effice of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered effice of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Foorida. I am familiar with, and accept the obligation of registered agent, or bo	Brandon, FL. Brandon, FL.			<u>.</u> .				<u> </u>	Not Applicable	
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City BRANDON FL Zip Code 33 S 1	1773 PINE	HURST RD.	Street Ac	KuE, CHOJ eet Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am illemiliar with, and accept the obligations of registered agent.    Signature   President   Pres					City Code					
SIGNATURE    Signature   President   Presi	DKA							FL 3	3511	
Due by May 1, 2004   Trust Fund Contribution.   Added to Fees   Florida Department of State	the obligations of registered agent.  SIGNATURE President  2.25-04									
TITLE NAME CITY-ST-2P CLEARWATER, FL 33760  TITLE NAME SIRET ADDRESS STRET ADDRESS STR						Added to Fees	Flo	rida Department o	f State	
NAME SIRRET NORESS 1773 PINEHURST RD. 1775 PINEHURST RD. 1776 PINEHURS				· · · · · · · · · · · · · · · · · · ·	A	DDITIONS/CHA	ANGES TO OFFICE			
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	12. I hereby	certify that the information supplied with	this fiting does not qualify for the	he exemption stat	ted in Se	ction 119.07(3)(	i), Florida Statutes	. I further certify that the	he 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:

SIGNATURE AND TYPED OF PRINTED MANE OF SKRING OFFICER OF

President

2-25-04

813-661-5193

Date

Daytime Phone #