


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-01-2004 90046 046 \*\*\*\*61.25

<b>DOCUMENT # N03000004684</b>	
1. Entity Name <b>FLORIDA HMONG COMMUNITY, INC.</b>	

Principal Place of Business <b>1773 PINEHURST RD. DUNEDIN, FL 34698</b>	Mailing Address <b>1773 PINEHURST RD. DUNEDIN, FL 34698</b>
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**94022305**

2. Principal Place of Business <b>501 Sandy Creek Dr.</b>	3. Mailing Address <b>501 Sandy Creek Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Brandon, FL</b>	City & State <b>Brandon, FL</b>
Zip <b>33511</b>	Zip <b>33511</b>
Country	Country

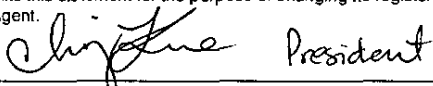
01252004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>37-1484574</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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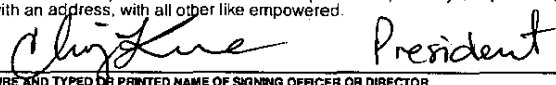
6. Name and Address of Current Registered Agent <b>KUE, CHOJ 1773 PINEHURST RD. DUNEDIN, FL 34698</b>	
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7. Name and Address of New Registered Agent	
Name <b>KUE, CHOJ</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>501 SANDY CREEK DR.</b>	
City <b>BRANDON</b>	FL Zip Code <b>33511</b>

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  President	DATE <b>2-25-04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)	

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUE, CHOJ 1773 PINEHURST RD. DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>501 SANDY CREEK DR. BRANDON, FL 33511</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANG, GE 1773 PINEHURST RD. DUNEDIN, FL 34698 <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	TD LEE, KAO 13848 4TH ST., #104 DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5144 PINE NEEDLE DR. MASCOTTE, FL 34753</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XIONG, SONG L 991 PRINCETON DR. CLERMONT, FL 34711 <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	D THOR, NHIACHOU 15065 NORTH WAVERLY ST. CLEARWATER, FL 33760 <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:  President	DATE <b>2-25-04</b> 813-661-5193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	