

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006001

FILED
Mar 24, 2006
Secretary of State

Entity Name: CONGOLESE-AMERICAN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

12340 SW 109 TERRACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12340 SW 109 TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 37-1482535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KABAMBA, NKAMANY DR
12340 SW 109 TERRACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KABAMBA, NKAMANY DR-MD
Address: 12340 SW 109 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: SUMBU, VERONICA
Address: 17855 SW 154 PL
City-St-Zip: MIAMI, FL 33182

Title: PR () Delete
Name: HEPBURN, SOLANGE K
Address: 14388 SW 97 LN
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: KABAMBA, MILONDO L
Address: 12340 SW 109 TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KABAMBA, BONDO S
Address: 12340 SW 109 TERRACE
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NKAMANY KABAMBA

P

03/24/2006

Electronic Signature of Signing Officer or Director

Date