

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006001

FILED  
Jan 23, 2007  
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:**

PO BOX 835125  
MIAMI, FL 33283

**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, BONDO S  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date