2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000006165

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

Current Principal Place of Business:

3230 SALINAS WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3230 SALINAS WAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 20-0767053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAYE, ISSA
3230 SALINAS WAY
MIRAMAR, FL 33025 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: FAYE, ISSA
Address: 3230 SALINAS WAY
City-St-Zip: MIRAMAR, FL 33025

Title: V ( ) Delete
Name: DIAL, AMADOU C
Address: 1275 WINDING ROSE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ED (X) Delete
Name: SOW, YOUSSOUPHA
Address: 2128 ROOSEVELT ST APT 2
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete
Name: DIALLO, BABAYEL
Address: 9973 W. ELM LN
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Delete
Name: DABO, AMADOU S
Address: 5397 CEDAR LAKE ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: AMADOU DIAL VP 04/29/2009

Electronic Signature of Signing Officer or Director — Date