

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N04000005168

1. Entity Name

**FIRST COAST ASIAN AMERICAN CHAMBER OF
COMMERCE, INC.**



Principal Place of Business

**9951 ATLANTIC BLVD. SUITE 467
JACKSONVILLE, FL 32225**

Mailing Address

**9951 ATLANTIC BLVD. SUITE 467
JACKSONVILLE, FL 32225**



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0869523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASSASDOGHLI, MARY G
9951 ATLANTIC BLVD. SUITE 467
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE C
NAME ASSASDOGHLI, MARY G
STREET ADDRESS 9951 ATLANTIC BLVD., STE. 469
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE P
NAME LEW, TUNG CHUW
STREET ADDRESS 9951 ATLANTIC BLVD. SUITE 469
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE S
NAME TUGAS, FLORENCIO
STREET ADDRESS 9951 ATLANTIC BLVD. SUITE 469
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE T
NAME SEVA, NATHAN
STREET ADDRESS 9951 ATLANTIC BLVD. SUITE 469
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000861174
04/02/08-80093-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2008 (904) 725-0210

Date

Daytime Phone #