

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009214

FILED
Mar 24, 2006
Secretary of State

Entity Name: MIAMI CHINESE WELFARE COUNCIL, INC.

Current Principal Place of Business:

1750 W FLAGLER STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1750 W FLAGLER STREET
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-1709451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONG, LAI K
1750 W FLAGLER STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

KONG, LAI KWAN
1750 W FLAGLER STREET
MIAMI, FL 33135 US

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: LAI KWAN KONG

03/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KONG, LAI KWAN
Address: 1750 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: YUEN, JACKY
Address: 1750 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: LI, FELIPE
Address: 1750 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: KWAN, WING F
Address: 1750 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: NG, JOHNNY
Address: 1750 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: TAM, ESTELLA
Address: 1750 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

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:

Title: D (X) Change () Addition
Name: MUI, DAVID
Address: 1750 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

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: LAI KWAN KONG

D

03/24/2006

Electronic Signature of Signing Officer or Director

Date