

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002576

FILED
May 04, 2009
Secretary of State

Entity Name: RWANDA AMERICAN CHAMBER OF COMMERCE INC.

Current Principal Place of Business:

16401 N.W. 37TH AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

MIAMI GARDENS P.O BOX 4914
HIALEAH,, FL 33014

New Mailing Address:

FEI Number: 83-0425278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHARLES, KASAANA
16401 N.W. 37TH AVE
OPA LOCKA, FL 33054 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUTONI, JOY
Address: 16401 N.W. 37TH AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: JOSEPH, TONY
Address: 15101 N.W. 67TH AVE
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: JOSEPH, PETER
Address: 1501 N.W. 67TH AVE
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: KASAANA, CHARLES
Address: 1640 NW 37 AVE
City-St-Zip: OP-LOCKA,, FL 33054

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 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: CHARLES S. KASAANA

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date