2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003079

FILED Apr 29, 2006 Secretary of State

Entity Name: THE INDONESIAN STUDENTS AND ALUMNI ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:				New Principal Place of Business:			
203 NE 212 TERRACE MIAMI, FL 33179				725 NE 2ND COURT - APT 2 HALLANDALE BEACH, FL 33009			
Current Mailing Address:				New Mailing Address:			
203 NE 212 TERRACE MIAMI, FL 33179				725 NE 2ND COURT - APT 2 HALLANDALE BEACH, FL 33009			
FEI Number:	20-3205939	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Statu	s Desired (X)
Name and	Address of	Current Registered Agent:		Name and	Address of N	ew Registered A	Agent:
9999 NE 21 SUITE 218 MIAMI SHC	DRES, FL 33		ourpose o	APT #1509 AVENTUR	ST COUNTRY I A, FL 33180 L	JS	agent, or both,
	RE: KARIN Y	/I INIIA				04/29/2006	S
0.014/ (101		nic Signature of Registered Age	ent			Date	<u>, </u>
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DATUBARA, M 725 NE 2ND C			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VD (TRISNAWAN, 5711 SW 58TI MIAMI, FL 33	H TERRACE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	TD (PURBA, MAST 12079 SW 140 MIAMI, FL 33	0 TERRACE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD (NOVITA, SYLV 203 NE 212 TI MIAMI, FL 33	ERRACE		Title: Name: Address: City-St-Zip:	YUNIA, KARIN	Change () Addition OUNTRY CLUB DRIV 33180	
Title: Name: Address: City-St-Zip:	D (PURBA, LAUR 12079 SW 144 MIAMI, FL 33	0 TERRACE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LASAMAHU-W	K) Delete /IENER, KATHARINA IGBIRD LN - APT 116 FL 33324		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: MASTA PURBA TD 04/29/2006