

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004699

FILED
Jan 16, 2008
Secretary of State

Entity Name: HSU FAMILY FOUNDATION, INC.

Current Principal Place of Business:

ONE SE THIRD AVE - 28TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ONE SE THIRD AVE - 28TH FLOOR
MIAMI, FL 33131

New Mailing Address:

3210 HUNTER ROAD
WESTON, FL 33331

FEI Number: 71-1017117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PSD () Delete
Name: HSIAO, JANE H
Address: 3210 HUNTER ROAD
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: SD () Delete
Name: HSIAO, KRISTY
Address: 619 SANTA CATALINA TERRACE
City-St-Zip: SUNNYVALE, CA 94085

Title: D () Delete
Name: HSIAO, BERNARD
Address: 18156 SW 29 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: HSIAO, MICHAEL
Address: 3210 HUNTER ROAD
City-St-Zip: FT. LAUDERDALE, FL 33331

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: JANE H HSIAO

PSD

01/16/2008

Electronic Signature of Signing Officer or Director

Date