
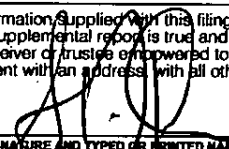


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000013160		
1. Entity Name FRIENDS OF ASIAN AMERICAN ADVISORY BOARD, INC.		
Principal Place of Business 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL 33135	Mailing Address 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL 33135	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KHOSRAVI, SHAWN 299 ALHAMBRA CIRCLE SUITE 404 CORAL GABLES, FL 33135		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000937554 05/27/08-80053-024 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KHOSRAVI, SHAWN 299 ALHAMBRA CIRCLE, SUITE 404 CORAL GABLES, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDY, JOSEPHINE 8445 SW 148 DRIVE MIAMI, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT MURASAKI, DENNIS 10331 SW 60 STREET MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES RECABO, NIDA 12333 S.W. 124 PATH MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		APR 28 2008 3:46 PM <small>Date Daytime Phone #</small>