

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013160

FILED
Apr 27, 2009
Secretary of State

Entity Name: FRIENDS OF ASIAN AMERICAN ADVISORY BOARD, INC.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33135

New Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134

Current Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33135

New Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134

FEI Number: 20-8514911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHOSRAVI, SHAWN
299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33135 US

Name and Address of New Registered Agent:

KHOSRAVI, SHAWN
299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134 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: SHAWN KHOSRAVI

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KHOSRAVI, SHAWN
Address: 299 ALHAMBRA CIRCLE, SUITE 404
City-St-Zip: CORAL GABLES, FL 33135

Title: VP () Delete
Name: GORDY, JOSEPHINE
Address: 8445 SW 148 DRIVE
City-St-Zip: MIAMI, FL 33158

Title: SECT () Delete
Name: MURASAKI, DENNIS
Address: 10331 SW 60 STREET
City-St-Zip: MIAMI, FL 33173

Title: TRES () Delete
Name: RECABO, NIDA
Address: 12333 S.W. 124 PATH
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KHOSRAVI, SHAWN
Address: 299 ALHAMBRA CIRCLE, SUITE 404
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: BARQUIST, LISA
Address: 11767 SOUTH DIXIE HIGHWAY # 430
City-St-Zip: MIAMI, FL 33156

Title: TRES (X) Change () Addition
Name: NGUYEN, HUNG
Address: 405 SW 29TH COURT, APT 6A
City-St-Zip: MIAMI, FL 33135

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: SHAWN KHOSRAVI

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date