2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000197

FILED Feb 22, 2008 Secretary of State

Entity Name: AZERBAIJANI AMERICAN CULTURAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 137 GOLDEN ISLE DR. APT. 1414 HALLANDALE BEACH, FL 33009 **Current Mailing Address: New Mailing Address:** 137 GOLDEN ISLE DR. APT. 1414 HALLANDALE BEACH, FL 33009 FEI Number: 06-1837335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CENGIZ, UURAL CENGIZ, VURAL 137 GOLDEN ISLE DR. APT. 1414 137 GOLDEN ISLE DR. APT. 1414 US HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 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: CENGIZ VURAL 02/22/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EMINOVA, TOHFA Name: Name: 137 GOLDEN ISLE DR. APT. 1414 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: (X) Change () Addition CENGIZ, UURAL Name: Name: CENGIZ, VURAL Address: 137 GOLDEN ISLE DR. APT. 1414 Address: 137 GOLDEN ISLE DR. APT. 1414 City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009 Title: () Delete Title: () Change () Addition EMINOV, AZHDAR Name: Name: 137 GOLDEN ISLE DR. APT. 1414 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: V.C. () Change (X) Addition Name: Name: OZUSEN, ALI Address: Address: 137 GOLDEN ISLES DR.#1414 HALLANDALE BEACH, FL 33009 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MAMMADOV, ULVI Name: Name: 137 GOLDEN ISLES DR.@1414 Address: Address: City-St-Zip: City-St-Zip: HALLANDALE BEACH, FL 33009

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: EMINOVA TOHFA Р 02/22/2008