

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003270

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** US-ALGERIAN ASSOCIATION OF PROFESSIONALS AND SCIENTISTS, INC

**Current Principal Place of Business:**

2509 SW ABNEY STREET  
PORT ST. LUCIE, 3953

**New Principal Place of Business:**

2509 SW ABNEY STREET  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

2509 SW ABNEY STREET  
PORT ST. LUCIE, 3953

**New Mailing Address:**

2509 SW ABNEY STREET  
PORT ST. LUCIE, FL 34953

**FEI Number:** 26-2653600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOUKERROU, LAKHDAR  
2509 SW ABNEY STREET  
PORT ST. LUCIE, FL 34953 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: P D ( ) Delete  
Name: BOUKERROU, LAKHDAR  
Address: 2509 SW ABNEY STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP D ( ) Delete  
Name: BEDROUNI, MOHAMED  
Address: 4518 SEMINOLE DRIVE  
City-St-Zip: SAN DIEGO, CA 92115

Title: T D ( ) Delete  
Name: GHENAI, CHAOUKI  
Address: 15425 SW 35TH TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: S D ( ) Delete  
Name: VERIN, DEAN  
Address: 219 JEFFERSON AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: G D ( ) Delete  
Name: BELGUEDJ, MOURAD  
Address: 5400 LINDEN COURT  
City-St-Zip: BETHESDA, MD 20814

Title: G D ( ) Delete  
Name: MOUSSAOUI, MOKHTAR  
Address: 1301 CONEJO WAY  
City-St-Zip: SUNNYVALE, CA 94596

**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:

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: CHAOUKI GHENAI

T D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date