

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003270

FILED  
May 01, 2010  
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, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2509 SW ABNEY STREET  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 26-2653600      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BOUKERROU, LAKHDAR  
2509 SW ABNEY STREET  
PORT ST. LUCIE, FL 34953      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHAOUKI GHENAI

TD

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date