

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2012
Secretary of State

Entity Name: CHAKRASAMVARA CENTER, INC.

Current Principal Place of Business:

369 N. HIBISCUS DR.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

369 N. HIBISCUS DR.
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 45-2534877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, MAI PHAM
369 N. HIBISCUS DRIVE
MIAMI BEACH, FL 33139 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: D
Name: PHAM, HOANG MAI
Address: 369 N. HIBISCUS DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: MAYER, COLIN
Address: 369 N HIBISCUS DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: TSHERING, THUPTEN
Address: 1940 N.E. 159 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: STIENSTRA, PHILIP
Address: 369 N. HIBISCUS DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: CHAN, CAROLYN
Address: 10810 GOLFVIEW DRIVE
City-St-Zip: NORTH PEMBROKE PINES, FL 33026

Title: D
Name: VASILE, JOSEPH
Address: 369 N HIBISCUS DR
City-St-Zip: MIAMI BEACH, FL 33139

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: COLIN N. MAYER

MR.

04/28/2012

Electronic Signature of Signing Officer or Director

Date