

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43410

FILED
Apr 08, 2005
Secretary of State

Entity Name: CAMBODIAN AMERICAN ASSISTANT ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

5371 68TH STREET NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5371 68TH STREET NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-3073989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALY, BUN JOHN
5371 68TH STREET NORTH
ST. PETERSBURG, FL 33709 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: DP () Delete
Name: SALY, BUN JOHN,
Address: 5371 68TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: DS () Delete
Name: MENE, SOBINAMEY,
Address: 6173 71ST ST. N.
City-St-Zip: ST. PETERSBURG, FL

Title: DV () Delete
Name: LON, PENH,
Address: 2600 35TH ST N
City-St-Zip: ST. PETERSBURG,, FL 33713

Title: T () Delete
Name: MEN, MON,
Address: 2419 16TH AVE N
City-St-Zip: ST.PETERSBURG,, FL 33713

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BUN JOHN SALY

DP

04/08/2005

Electronic Signature of Signing Officer or Director

Date