2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N43410

1. Entity Name
CAMBODIAN AMERICAN ASSISTANT ASSOCIATIOBN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5371 68TH STREET NORTH ST. PETERSBURG, FL 33709	5371 68TH STREET NORTH ST. PETERSBURG, FL 33709

D2D62D08 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3073989
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALY, BUN JOHN
5371 68TH STREET NORTH
ST. PETERSBURG, FL 33709

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U08000445550
03/07/06-80051-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SALY, BUN JOHN
STREET ADDRESS	5371 68TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	DS
NAME	MENE, SOBINAMEY
STREET ADDRESS	6173 71ST ST. N.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	DV
NAME	LON, PENH
STREET ADDRESS	2600 35TH ST N
CITY-ST-ZIP	ST. PETERSBURG,, FL 33713
TITLE	T
NAME	MEN, MON
STREET ADDRESS	2419 16TH AVE N
CITY-ST-ZIP	ST.PETERSBURG,, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUN JOHN SALY / Director — 02/17/06 — 727-545-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #