


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90220 035 ****61.25

DOCUMENT # N46816 1. Entity Name CHINESE CULTURAL FOUNDATION, INC.					
Principal Place of Business 5858 SW 68TH STREET SOUTH MIAMI, FL 33143 US				Mailing Address P.O. BOX 161573 MIAMI, FL 33116 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0305725				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIU, PETER 301 FLUVIA CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YAP, EINEZ		NAME	PETER LIU	
STREET ADDRESS	12131 SW 100TH ST		STREET ADDRESS	301 FLUVIA	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, MARGARET		NAME	JENNIFER HUGH SAM	
STREET ADDRESS	13010 SW 108 PLACE		STREET ADDRESS	712 MAJORCA AVE.	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEQUATRO, LENA		NAME	ANNA CASEY	
STREET ADDRESS	9825 SW 126TH TERR		STREET ADDRESS	8060 SW 132 CT	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENN YUK, LURLINE		NAME	LURLINE TENN YUK	
STREET ADDRESS	10122 SW 145TH ST		STREET ADDRESS	10122 SW 145 CT	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/4/06 305-519-6393 <small>Date Daytime Phone #</small>		