

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90373 032 ****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**

40034440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0305725

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIU, PETER
301 FLUVIA
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LIU, PETER**
STREET ADDRESS **301 FLUVIA**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VP** ☒ Delete
NAME **HUGH SAM, JENNIFER**
STREET ADDRESS **712 MALORCA AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **S** ☒ Delete
NAME **CASEY, ANNA**
STREET ADDRESS **8060 SW 132 CT**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **T** ☒ Delete
NAME **TENN YUK, LURLINE**
STREET ADDRESS **10122 SW 145TH ST**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **LIU, PETER**
STREET ADDRESS **301 FLUVIA AVE.**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VP** ☒ Change ☐ Addition
NAME **LAI, WILFRED**
STREET ADDRESS **6466 NW 77th CT.**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **S** ☒ Change ☐ Addition
NAME **LEE CHEN, KARLENE**
STREET ADDRESS **500 NE 26th ST, APT. # 4C**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **T** ☒ Change ☐ Addition
NAME **HU BARQUIST, LISA**
STREET ADDRESS **11767 S. DIXIE HIGHWAY, # 430**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Change ☒ Addition
NAME **CASEY, DARREN**
STREET ADDRESS **8060 SW 132 CT**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT (PETER LIU) 3/2/07 305-519-6393

Date

Daytime Phone #