

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90028 022 \*\*\*\*61.25

60040010



07242008 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

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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	<input type="checkbox"/> Delete
NAME	LIU, PETER	
STREET ADDRESS	301 FLUVIA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAI, WILFRED	
STREET ADDRESS	6466 NW 77TH CT.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE CHEN, KARLENE	
STREET ADDRESS	500 NE 26TH ST., 4C	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	<del>T</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>NU BARGUIST, LISA</del>	
STREET ADDRESS	<del>11767 S. DIXIE HWY 430</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33156</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, DARREN	
STREET ADDRESS	8060 SW 132ND CT.	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12600 SW 92ND CT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

7/24/08 305-371-5583

7/24/08