


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N93000001299**  
 1. Entity Name  
**ERITREAN COMMUNITY OF SOUTH FLORIDA, INC.**



Principal Place of Business  
 13154 SW 25TH PLACE  
 DAVIE, FL 33325 US

Mailing Address  
 P.O. BOX 551611  
 FT. LAUDERDALE, FL 33355-1611 US

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 65-0434610

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERHANE, MEHRET**  
 13154 SW 25TH PLACE  
 DAVIE, FL 33325

**DO NOT WRITE IN THIS SPACE**

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 reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>ASGHEDOM, BERKITI M<br>20955 NW MIAMI CT.<br>MIAMI, FL 33169         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BERHANE, ALGANESH<br>3852 OAKRIDGE CIR.<br>FORT LAUDERDALE, FL 33331 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BERHANE, MEHRET<br>13154 SW 25TH PLACE<br>DAVIE, FL 33325            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 05/14/08-80043-012 61.25

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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 another like empowered.

**SIGNATURE:** Mehret Berhane *Mehret Berhane* 4-19-08 954-236-3329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #