

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003668

FILED
Apr 08, 2008
Secretary of State

Entity Name: THE MISSION OF TAO-CONFUCIANISM OF MIAMI, INC.

Current Principal Place of Business:

395 NORTHWEST 128TH AVE.
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

395 NORTHWEST 128TH AVE.
MIAMI, FL 33182

New Mailing Address:

FEI Number: 65-0600943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANG, MING C
6950 CYPRESS RD., STE 208-15
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOU, HSIEH C
Address: 395 NW 128 AVE
City-St-Zip: MIAMI, FL 33182

Title: DT () Delete
Name: HSIEH, YING H
Address: 395 NORTHWEST 128TH AVE.
City-St-Zip: MIAMI, FL 33182

Title: DS () Delete
Name: LEE, MAW-LIN
Address: 13371 SW 42 ST
City-St-Zip: MIRAMAR, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: HWANG, BAOFANG
Address: 13371 SW 42 ST
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: TSAICHOU, CHINGCHI
Address: 5931 SW 162 CT.
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAWLIN LEE

DS

04/08/2008

Electronic Signature of Signing Officer or Director

Date