

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005536

FILED
Aug 08, 2005
Secretary of State

Entity Name: AVALOKITESHVARA BUDDIST STUDY CENTER, INC.

Current Principal Place of Business:

321 LAMONT ROAD
FORT PIERCE, FL 349471541

New Principal Place of Business:

Current Mailing Address:

321 LAMOUNT RD
FORT PIERCE, FL 349471541

New Mailing Address:

FEI Number: 65-0781042 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LE, DR. DAO M
321 LAMONT ROAD
FORT PIERCE, FL 34947 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: D () Delete
Name: THIEN, NGUYEN PHD
Address: 321 LAMONT RD.
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: TU, NGUYEN M.D.
Address: 2206 E. AVALON AVE.
City-St-Zip: SANTA ANA, CA 92705

Title: D () Delete
Name: QUOCDUNG, LE V M.S.
Address: 12863 SW 28 CT.
City-St-Zip: MIAMI, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: QUOCDUNG, LE V M.S.
Address: 14691 SW 33 CT
City-St-Zip: MIIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. DAO M. LE

P

08/08/2005

Electronic Signature of Signing Officer or Director

Date