


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90037 048 ****61.25

DOCUMENT # N96000000443 1. Entity Name FLORIDA BUDDHIST ASSOCIATION, INC.					
Principal Place of Business 12815 S.W. 119 TERRACE MIAMI, FL 33186 US				Mailing Address 12815 S.W. 119 TERRACE MIAMI, FL 33186 US	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 25-0642342	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WU, KUANG-HSI 12815 S.W. 119TH TERRACE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSENG, DAVID 8765 S.W. 87 CT MIAMI, FL 33156 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tseng, David 8765 S.W. 100th St., Miami, Fl. 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YING PING, WANG 1516 E. MOWRY ST. #207 HOMESTEAD, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, KUANGHSI 12815 SW 119 TERR MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wu, Kuanghsi 12815 S.W. 119 Terr., Miami, Fl. 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAI, MEITCHEN 12815 S.W. 119TH TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lai, Meitsen 12815 S.W. 119 Terr., Miami, Fl. 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAN, MARY 8765 S.W. 87 CT MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALIMAS, SILVIN 4501 PRAIRIE AVE #6 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Meitsen Lai</i>			Meitsen Lai		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
1/13/2005			305-386-2866		
Daytime Phone #					

50004053



01132005 Chg-NP CR2E037 (10/03)