


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

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90025 011 \*\*\*\*61.25

DOCUMENT # N96000001617

1. Entity Name  
 THE ERITREAN COMMUNITY OF CENTRAL FLORIDA, INC.



Principal Place of Business  
 7857 ELMSTONE CIRCLE  
 ATTN: FANIEL GHEBREHIWET  
 ORLANDO, FL 32822 US

Mailing Address  
 7857 ELMSTONE CIRCLE  
 ATTN: FANIEL GHEBREHIWET  
 ORLANDO, FL 32822 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
 BREMEDHIN, BERHANE D  
 4513 OAK HEAVEN DR  
 APT. #305  
 ORLANDO, FL 32839

7. Name and Address of New Registered Agent  
 Name: **FANIEL GHEBREHIWET**  
 Street Address (P.O. Box Number is Not Acceptable):  
**7857 ELMSTONE CIRCLE**  
 City: **ORLANDO, FL** Zip Code: **32822**

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: *Faniel Ghebrehiwet* (NOTE: Registered Agent signature required when reinstating) DATE: **4/28/08**

Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GHEBREHIWET, FANIEL 7857 ELMSTONE CTR. ORLANDO, FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLDEFABER, SAMSON 1445 MON THEATH CIR. OCOOE, FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERHANE, GERBREMEDHIN 4513 OAK HAVEN DR ORLANDO, FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FANIEL GHEBREHIWET 7857 ELMSTONE CIRCLE ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMSON WOLDEGABER 1445 MON THEATH CIRCLE OCOOE, FL 34761	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERHANE GHEBREMEDHIN 4513 OAK HAVEN DR. ORLANDO, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Faniel Ghebrehiwet* FANIEL GHEBREHIWET 4/28/08 407-267-1199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #