NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N 96000004687 THE VIET NAMESE DOITICAL PRISONERSASSOCIATION

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90384 010 ****75.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
<i>•</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
4412 NW 43 rd ST	4412 NW 43 rd ST
City & State	City & State

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

DO NOTWRITE IN THIS SPACE

Name	TRYONG	THANH	NGUYEN

4. FEI Number

7. Name and Address of Current Registered Agent

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.

FEE IS \$61.25

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

	Initial or Amended UBR Trust Fund	Contribution.	Added to Fees	Florida Department of State
10.	↓ •OFFICERS AND DIRECTORS			
TITLE NAME	TRUONGTHANH NEUYEN 4412 NW H3 rd ST	TILE		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP		
TITLE NAME	THANH NGOCLE	TITLE NAME		
STREET ADDRESS	321 NW 46 ST	STREET ADDRESS		
CITY-ST-ZIP	DOMPANO BEACH, FL 3306		and the same of the second second second	e operation for a consistence of consistence of the first of the consistence of the consi
TITLE NAMÉ	PHAM TAN LONG	TITLE NAME		
CITY-ST-ZIP	PHAM TAN LONG CENTYRY-VILLAGE MARKHAM I DEER FLEID BEACH, FL 33442	CITY-ST-ZIP	DO	NOT WRITE
TITLE NAME	DS NGAN LE	TITLE MAME	IN T	THIS SPACE
STREET ADDRESS CITY-ST-ZIP	10855 GALANAD ST BOCARATON, FL 33428	STREET ADDRESS CITY-ST-ZIP		
TITLE	DT ANHTRUONG	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	4127 EASTRIDGE CIR POMPANO BEACH, FC 33064	STREET ADDRESS CITY+ST-ZIP		
TITLE NAME	P-MANNO BLACET, TC 37501	. TITLE		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.