2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# N97000002473

Entity Name: ASSOCIATION OF FLORIDA TEACHERS OF JAPANESE, INC.

Current Principal Place of Business:

8600 BYRON AVE.
#10
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

22024 FLANDERS CT.
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-0736012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, EIKO ISOGAI
8600 BYRON AVE., #10
MIAMI BEACH, FL 33141 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: PD ( ) Delete
Name: WILLIAMS, EIKO ISOGAI
Address: 8600 BYRON AVE., #10
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD ( ) Delete
Name: MORALES, JUAN CARLOS
Address: 21 MADEIRA AVENUE, #20
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: WELSH, SACHIKO A
Address: 11844 HICKORYNUT DR.
City-St-Zip: TAMPA, FL 33625

Title: TD ( ) Delete
Name: MUENCH, MARCIA N
Address: 22024 FLANDERS CT.
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: EIKO ISOGAI WILLIAMS PD 04/16/2005

Electronic Signature of Signing Officer or Director — Date