


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90004 043 ****70.00

DOCUMENT # N97000006394 1. Entity Name ME BOUN FOUNDATION, INC.					
Principal Place of Business 3112 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064				Mailing Address 3112 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064	
2. Principal Place of Business <i>2480 E. Commerical Blvd.</i>				3. Mailing Address <i>2480 E. Commerical Blvd.</i>	
Suite, Apt. #, etc. PENTHOUSE		Suite, Apt. #, etc. PENTHOUSE		06162004 Chg-NP CR2E037 (10/03)	
City & State <i> Ft. Lauderdale, FL</i>		City & State <i> Ft. Lauderdale, FL</i>		4. FEI Number 65-0793613	
Zip 33308		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNG, BORASMY N 3112 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064				7. Name and Address of New Registered Agent Name <i>Borasmy N Ung</i> Street Address (P.O. Box Number is Not Acceptable) <i>2480 E. Commerical Blvd, PENTHOUSE</i> City <i> Ft. Lauderdale</i> FL Zip Code <i>33308</i>	
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 <i>Borasmy N Ung</i> BORASMY UNG DATE <i>06/24/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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 UNG, BORASMY N 3112 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Borasmy N Ung 2480 E. Commerical Blvd. , PENTHOUSE Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, G K 1600 S. RIVER VALLEY ROAD FLAGSTAFF, AZ 86004	<input 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 PHAN, KIM H 1021 DAWSON AVENUE LONG BEACH, CA 90804	<input 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	<input 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	<input 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	<input 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>Borasmy N Ung</i> 6/24/04 954-667-6507 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					