
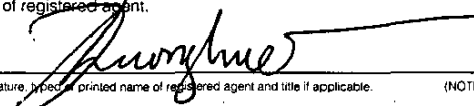
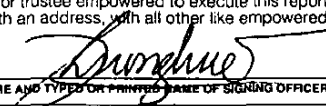


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90002 003 ****61.25

DOCUMENT # N98000004260 1. Entity Name VIETNAMESE BUDDHIST CULTURAL CENTER OF FLORIDA, INC.					
Principal Place of Business 2321 SW 127TH AVE DAVIE, FL 33325 US			Mailing Address 2321 SW 127TH AVE DAVIE, FL 33325 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0851672	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHAM, THANH 2321 SW 127TH AVE DAVIE, FL 33325					
7. Name and Address of New Registered Agent Name Pham, Thanh Street Address (P.O. Box Number is Not Acceptable) 2321 SW 127th Ave City Davie, FL Zip Code 33325					
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  DATE 5/25/05 <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 7, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHAM, THANH <input type="checkbox"/> Delete 2321 SW 127TH AVE DAVIE, FL 33325				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUYNH, KHANH B <input type="checkbox"/> Delete 5110 W HAZARD AVE SANTA ANA, CA 92703				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NGUYEN, THU H <input type="checkbox"/> Delete 6315 S E 82ND AVE PORTLAND, OR 97266				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN, HUNG C <input checked="" type="checkbox"/> Delete 17425 SW 31ST CT MIRAMAR, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE, LAM T <input checked="" type="checkbox"/> Delete 11515 SW 122 CT MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HO, THO T <input checked="" type="checkbox"/> Delete 3800 SW 168TH TER MIRAMAR, FL 33027				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
D Anthony Pham <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5400 West Kentucky Ave. Lakewood CO 80226					
D Le, Minh-Ky Thich <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2625 St. East Tacoma, WA 98404					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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:  DATE 5/25/05 DAYTIME PHONE # 503-457-7739 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50053148



05122005 Chg-NP CR2E037 (10/03)