


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90053 040 \*\*\*\*61.25

**DOCUMENT # N98000004893**

1. Entity Name  
**VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**22196 CONCHA AVE  
 BOCA RATON, FL 33428 US**

Mailing Address  
**22196 CONCHA AVE  
 BOCA RATON, FL 33428 US**

**34068961**



2. Principal Place of Business  
**10416 Cypress Lake Preserve DR**

3. Mailing Address  
**P.O. Box 670846**

08172004 Chg-NP CR2E037 (10/03)

City & State  
**Lake Worth, Florida**

City & State  
**Coral Springs, FL**

4. FEI Number  
**65-1024291**

Applied For  
 Not Applicable

Zip  
**33467**

Country  
**USA**

Zip  
**33067**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LE, ANTHONY  
 22196 CONCHA AVE  
 BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**10416 Cypress Lake Preserve DR**

City **Lake Worth** FL Zip Code **33467**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 8, 2004**

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 TRAN, PHUONG N 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LE, ANTHONY L 22196 CONCHA AVE BOCA RATON, FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHAM, HIEU 7502 COLONY PALM DR BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, NGUYET 5720 S. SABLE CIR MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHI, QUAN 6035 NW 100 WAY PARKLAND, FL 33076	<input checked="" 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3853 NW 42nd Way Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10416 Cypress Lake Preserve DR Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PHAM, HIEU CORRECTION
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 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: *Anthony L. Le* Date: 8.18.04 954 288 8726 Daytime Phone #