## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 10, 2005 8:00 am Secretary of State DOCUMENT # N98000004893 05-10-2005 90118 004 \*\*\*\*61.25 VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 10416 CYPRESS LAKE PRESERVE DR P.O. BOX 670846 20021397 LAKE WORTH, FL 33467 US CORAL SPRINGS, FL 33067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01042005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-1024291 City & State Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALAIN LE, ANTHONY 10416 CYPRESS LAKE PRESERVE DR LAKE WORTH, FL 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 INOTE: Registered Agent signature regulated a 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution, Due by May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete ☐ Change ☐ Addition TRAN. PHUONG N NAME NAME STREET ADDRESS 3853 NW 42ND WAY STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP VD TITLE TITLE LE, ANTHONY L NAME PAN, 10416 CTPRESS LAKE PRESERVE DR STREET ADDRESS STREET ADDRESS 2023 CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP <u> 306</u> TITLE Delete Change Addition . PHAM, HIEU NAME NAME STREET ADDRESS 7502 COLONY PALM DR STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 -33068 CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NGUYEN, NGUYET NAME STREET ADDRESS 5720 S. SABLE CIR STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Change ■ Addition NAME NAME 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 Block 11 if changed, or on an attachment with an address, with all other SIGNATURE:

FILED