


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90021 030 \*\*\*\*70.00

**DOCUMENT # N98000004893**

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



Principal Place of Business  
 7407 SW 13TH ST  
 NORTH LAUDERDALE, FL 33068 US

Mailing Address  
 P.O. BOX 670846  
 CORAL SPRINGS, FL 33067 US

40141410



2. Principal Place of Business - No P.O. Box #  
**8853 YEARLING DR.**

3. Mailing Address  
 Suite, Apt. #, etc.

05162007 Chg-NP CR2E037 (12/06)

City & State  
**LAKE WORTH, FLORIDA**

City & State  
 Suite, Apt. #, etc.

Zip  
**33467**

Country  
**WPB**

4. FEI Number  
**65-1024291**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NGUYEN, CINDY O**  
**7407 SW 13TH ST**  
**NORTH LAUDERDALE, FL 33068**

7. Name and Address of New Registered Agent  
 Name **PHA NGUYEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8853 YEARLING 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 *[Signature]* **PHA NGUYEN** **6/18/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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 3853 NW 42ND WAY COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAN, JENNIFER O 518 SW 73 AVE NORTH LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NGUYEN, CINDY OANH 7407 SW 13TH ST NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, NGUYET 6642 ALISO AVE WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHAM, HUONG K 3308 DRINOCS LN MARGATE, FL 33063 <input 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	PD LE, ANTHONY L. 10416 CYPRESS LAKES PRESERVE DR. LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHAM, HIEU 7502 COLONY PALM DR. BOYNTON BEACH, FL 33436 <input checked="" 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	TD NGUYEN, PHA 8853 YEARLING DR. LAKE WORTH, FL 33467 <input checked="" 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	SD VAN, THANH 9080 NW 45th CT. SUNRISE, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **ANTHONY LIEM LE** **6/18/07** **(SEI) 350-6627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT**