

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007030

FILED
Apr 04, 2005
Secretary of State

Entity Name: FAR EAST HELP FOUNDATION, INC.

Current Principal Place of Business:

14543 SW 97 ST
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14543 SW 97 ST
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0884494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEXTON, FRANCIS X JR.
999 PONCE DE LEON BOULEVARD
SUITE 1015
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINN, VU THAI
Address: 14543 SW 97 ST
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: NGOC ANH, HUYNH
Address: 14543 SW 97 ST
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: NGUYEN, NGA
Address: 14543 SW 97 ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN C GARCIA

ACCT

04/04/2005

Electronic Signature of Signing Officer or Director

Date