

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90037 047 ***150.00

DOCUMENT # 847260
 1. Entity Name
VAN AN CO., INC.



Principal Place of Business
% C. BRENT MCCAGHREN, ESQ.
250 PARK AVE. SOUTH, BOX 880
WINTER PARK, FL 32790

Mailing Address
% C. BRENT MCCAGHREN, ESQ.
250 PARK AVE. SOUTH, BOX 880
WINTER PARK, FL 32790

40005835



2. Principal Place of Business
 Suite, Apt. #, etc.

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

01032005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
58-1770396

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MCCAGHREN, C. BRENT, ESQ.
250 SOUTH PARK AVENUE, FIFTH FLOOR
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code
FL

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TSENG-VAN LIEU, DAVID	
STREET ADDRESS	1201 GREAT EAGLE CENTRE	
CITY-ST-ZIP	HONG KONG,	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, MADAME SHIRLEY S.L.	
STREET ADDRESS	1201 GREAT EAGLE CENTRE	
CITY-ST-ZIP	HONG KONG,	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, TEK M TOM	
STREET ADDRESS	133 HIGHWOOD AVE	
CITY-ST-ZIP	LEONIA, NJ 07605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIEU, MARLENE	
STREET ADDRESS	66 KENSINGTON DRIVE	
CITY-ST-ZIP	FORT LEE, NJ 07024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lieu, Marlene	
STREET ADDRESS	P. O. Box 1569	
CITY-ST-ZIP	Ft. Lee, NJ 07024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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: _____ **1/14/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #