

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

FORM 6004 AV

01-30-2003 90161 017 ***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**



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

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

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1770396**

Applied For
Not Applicable

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 **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 checked="" type="checkbox"/> Delete
NAME	YU, MR. CHENG-YUNG	
STREET ADDRESS	300 WINSTON DR.	
CITY-ST-ZIP	CLIFFSIDE PARK NJ	
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 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: SIGNATURE **1/19/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)