


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F83465
 1. Entity Name
 KING OF FANS, INC.



Principal Place of Business
 1951 NW 22ND STREET
 FT. LAUDERDALE, FL 33311

Mailing Address
 1951 NW 22ND STREET
 FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2198023

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WU, SHIH TZA
 1951 NW 22 ST
 FT. LAUDERDALE, FL 33311

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | PD WU, SHIH TZA 1951 NW 22ND STREET FT. LAUDERDALE, FL 0, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BUCHER, JOHN C. 1951 NW 22ND STREET FT. LAUDERDALE, FL 0, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WU, TSAI HUI HSU 1951 NW 22ND STREET FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/09/05-80054-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John C. Bucher - VP **4/5/05** **954-4847500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #