


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N97000002700 1. Entity Name U.S. PAN ASIA CHAMBER OF COMMERCE, INC. |  |
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|--|--|
| Principal Place of Business C/O BAKER & HOSTETLER LLP 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801 | Mailing Address C/O BAKER & HOSTETLER LLP 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801 |
|--|--|



MOORE CR2E037 (11/03)

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 4. FEI Number 59-3445264 | Applied For <input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|
| 6. Name and Address of Current Registered Agent |
| A G C COMPANY 200 S ORANGE AVENUE SUITE 2300 ORLANDO FL 32801 |

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|--|
| 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 \$61.25
Due By May 1, 2004**

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|--|
| TITLE | PD LEE, ROBERT O <input type="checkbox"/> Delete | TITLE | U900000138533 <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | 200 S. ORANGE AVENUE, SUITE 2300 | NAME | 04/29/04-80084-011 61.25 |
| STREET ADDRESS | ORLANDO FL 32801 | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | KIANG, SUE | NAME | |
| STREET ADDRESS | 5650 BAYSIDE DRIVE | STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL 32819 | CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | LIANG, BRIAN | NAME | |
| STREET ADDRESS | 1226 E. COLONIAL DRIVE, #B | STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL 32803 | CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | ASIAN, MARY | NAME | |
| STREET ADDRESS | 96 NANCY LEE AVENUE | STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL 32803 | CITY - ST - ZIP | |
| TITLE | DEVP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | BOWLEY, TANYA | NAME | |
| STREET ADDRESS | 1111 W. STETSON STREET | STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL 32804 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | CHAU, NINH | NAME | |
| STREET ADDRESS | POST OFFICE BOX 536448 | STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL 32853 | 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Lee **ROBERT LEE** 4/29/04 407-649-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #