2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Apr 22, 2004 00.00 AM			
DOCU	MENT # P01000019		Secretary of State					
	NE, U.S.A., CORP.							
Principal Plac	ce of Business	Mailing Address						
10501 SW 8 MIAMI, FL 3	88TH STREET 33176 US	105Q1, SW 88TH STREET MIAMI, FL 33176 US						
DO NOT WRITE IN THIS SPA			CE	04092004 4. FEI Numb 31-175	7393	•	Applied For Not Applicable	
	S Name and Address of Current 9	nielorad Aranh	merci i terri i	5. Certificate	of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, A. GEORGE 2600 DOUGLAS ROAD SUITE 1108 CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE					
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent an		ed office or register 1		th, in the State of Flo	rida. I am fa	miliar with, and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	ncing \$5.	.00 May Be U00000124388 04/22/04-80043-016 150.00					
10.	OFFICERS AND D	RECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MA, DA WEI 10501 SW 88TH STREET MIAMI, FL 33176							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WUAYA, GUNAWAN 10501 SW 88TH STREET MIAMI, FL 33176					***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHENG, KIN MAN 10501 SW 88TH STREET MIAMI, FL 33176			DO	NOT W	RITE	·	
TITLE NAME STREET ADDRESS CXTY-ST-ZIP				IN T	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·· · · - ·-·			
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filling 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 factorize 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 employees to be absolute 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 gifter like empowered.

SIGNATURE: 4

CITY-ST-ZIP

SIGNATURE AND TYPED DISPLACED NAME OF SIGNING OFFICER OR DIRECTOR

THEORING_

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