

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000002550

1. Entity Name
JACQUELINE (HONG KONG) LIMITED CORP.



Principal Place of Business

**STE 406, CHEVALIER HOUSE 45-51
CHATHAM RD SOUTH TSIM
SHA TSUI, KOWLOON, HONG KONG, HK**

Mailing Address

**STE 406, CHEVALIER HOUSE 45-51
CHATHAM RD SOUTH TSIM
SHA TSUI, KOWLOON, HONG KONG, HK**



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0166440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CATTON, BRIAN
2211 S.W. 92 TERR. #1801
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD
NAME CATTON, BRIAN C
STREET ADDRESS 2241 SW 92 TERRACE #1803
CITY-ST-ZIP FORT LAUDERDALE, FL 22324

TITLE D
NAME CATTON, TERENCE M K
STREET ADDRESS 45-51 CHATHAM ROAD SOUTH
CITY-ST-ZIP HONG KONG,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000251995
03/05/05-80006-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #