

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041919

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: OFFICE BOX, INC.

## Current Principal Place of Business:

4100 NE 2ND AVE, STE 218  
MIAMI, FL 33137

## New Principal Place of Business:

4100 NE 2ND AVE,  
SUITE 218  
MIAMI, FL 33137 US

## Current Mailing Address:

4100 NE 2ND AVE, STE 218  
MIAMI, FL 33137

## New Mailing Address:

4100 NE 2ND AVE,  
SUITE 218  
MIAMI, FL 33137 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, CHIEN  
4100 NE 2ND AVE, STE 218  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

LEE, CHIEN  
4100 NE 2ND AVE,  
SUITE 218  
MIAMI, FL 33137 US

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.

SIGNATURE: CHIEN LEE

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEE, CHIEN  
Address: 4100 NE 2ND AVE, STE 218  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: LEE, SYLVIA M  
Address: 4100 NE 2ND AVE, STE 218  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: HE, BOQUAN  
Address: 4100 NE 2ND AVE, STE 218  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEE, CHIEN  
Address: 4100 NE 2ND AVE, STE 218  
City-St-Zip: MIAMI, FL 33137 US

Title: D (X) Change ( ) Addition  
Name: LEE, SYLVIA M  
Address: 4100 NE 2ND AVE, STE 218  
City-St-Zip: MIAMI, FL 33137 US

Title: D (X) Change ( ) Addition  
Name: HE, BOQUAN  
Address: 4100 NE 2ND AVE, STE 218  
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA LEE

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date