

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90115 011 ***550.00

DOCUMENT # F00000003797

1. Entity Name
PACIFIC CONCORD INVESTMENT CORPORATION



Principal Place of Business
**2000 N.W. COURTYARD CIR.
SPRING HILL SUITES
PORT SAINT LUCIE, FL 34986**

Mailing Address
**6 INDUSTRIAL WAY EAST
EATONTOWN, NJ 07724**

24072590



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3281499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALLARD, GARY L
500 NORTH OLEANDER AVENUE
DAYTONA BEACH, FL 32118**

**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 \$550.00
Due by September 8, 2004**

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
**PCD
CHIANG, WEN-HUI
23 SUNRISE CIRCLE
HOLMDEL, NJ 07733**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WU, THOMAS
2 TYCOR RUN
HOLMDEL, NJ 07733**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHIANG, CHING TAI
23 SUNRISE CIRCLE
HOLMDEL, NJ 07733**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SMITH, BRIAN B
ROUTE 35
EATONTOWN, NJ 07724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WU, LEE GEN
2 TYCOR RUN
HOLMDEL, NJ 07733**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

5/3/04

732.544.2625