2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006046

HO, MICHAEL

TORRANCE, CA 90503

21250 HAWTHORNE BLVD STE 500

Name:

Address:

City-St-Zip:

FILED Jan 28, 2004 Secretary of State

DOCON		000000+0			Secretary or S	laic	
Entity Nar	ne: THERAC	OR PHARMACEUTICALS, I	NC.				
Current D	rinainal Blass	of Business	Nov. Dring	inal Place of	. Dunimana		
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
509 SAWG SUNRISE,		ORATE PKWY.					
Current Mailing Address:			New Maili	New Mailing Address:			
509 SAWG SUNRISE,		ORATE PKWY.					
FEI Number:	51-0412350	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status De	sired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						nt:	
	IAIYUNG /. 11TH PLACI PRINGS, FL 3						
	named entity see of Florida.	submits this statement for th	e purpose of changing i	ts registered	office or registered age	ent, or both,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered A	\gent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCD () CHENG, HAIYU 11840 N.W. 11 CORAL SPRING	TH PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CHIEN, BENJA	ATION WAY STE 240	Title: Name: Address: City-St-Zip:	PANG, CHI LIE	KE ESTATES DRIVE		
Title: Name: Address: City-St-Zip:	CHIEN, BENJA	ATION WAY STE 240	Title: Name: Address: City-St-Zip:	PANG, CHI LIE	KE ESTATES DRIVE		
Title: Name: Address: City-St-Zip:	D () TIEN, BRIAN 12674 ORELLA SARATOGA, CA		Title: Name: Address: City-St-Zip:	D (X WU, LINXIAN 105 BATHGAT CARY, NC 27			
Title:	D ()	Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HAIYUNG CHENG PCD 01/28/2004