## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # F97000005 MERICA CORP.	597				05-04-20	004 9016	7 039 ***	*150.00
Principal Place of Business Mailing Address									
	SINESS PARKWAY JSTRY, CA 91789 US	20480 E BUSINESS PA CITY OF INDUSTRY, CA		5					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Number 77-0467457			<u>_</u>	plied For t Applicable
Zip	Country Zip Co		Country					88.75 Additional ee Required	
	<ol><li>Name and Address of Current I</li></ol>	Registered Agent	Nai	7. Name and Address of New Registered Agent					
PLANTAT	ITH PINE ISLAND ROAD ION, FL 33324  e named entity submits this statement for	the purpose of changing its	City		(P.O. Box Number		FL	Zip Code	
SIGNATURE.	tions of registered agent,  Signature, typed or printed name of registered agent a	and title if applicable. (NO)	fE: Registered Agent	- Snignature requis	ed when reinstating)		DATE		
· FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa	aign Financing	\$5	i.00 May Be ded to Fees				***************************************
			11,		ADDITIONS/C	HANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNG, JOSEPH 157 SHAN YING ROAD KWEISHAN, TAOYUAN, TAIWAN	□2 Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	ccc lern	NG, JERRY SHAN YIN EISHAN, TA	G ROAD OYVAN,TA:	IWAN	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SHEAFFER 157 SHAN YING ROAD KWEISHAN, TAOYUAN, TAIWAN	☐ Delete	TITLE NAME STREET ADDI CITY-ST-249	RESS				☐ Change	☐ Additio
TITLE NAME	S LEE, ELLIN	☐ Delete	TITLE NAME					Change	Addition

STREET ADDRESS 20480 E BUSINESS PARKWAY STREET ADDRESS City-ST-ZIP CITY-ST-ZIP CITY OF INDUSTRY, CA 91789 PD ☐ Delete TITLE ☐ Change Addition TITLE NAME TANG, RALPH NAME STREET ADDRESS 20480 E BUSINESS PARKWAY STREET ADDRESS CITY OF INDUSTRY, CA 91789 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

GNATURE AND TYPED OR PRINTED NAME

IAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

909569084

Daytime Phone #