

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J01643**

1. Entity Name  
TCY LIMITED, INC.



Principal Place of Business

17201 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160-4803

Mailing Address

17201 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33160-4803



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2832365 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KARCHER, DAVID P. ESQ.  
2900 MIDDLE ST SW 28 TERR  
44 WEST FLAGLER ST. PENTHOUSE.  
MIAMI, FL 33133

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C  
NAME MIAO, Y.S.  
STREET ADDRESS 17201 BISCAYNE BLVD  
CITY-ST-ZIP NORTH MIAMI BCH, FL

TITLE S  
NAME YEH, HARRY  
STREET ADDRESS 17201 BISCAYNE BLVD.  
CITY-ST-ZIP N. MIAMI BEACH, FL

TITLE PD  
NAME FU, TZE-CHIAN  
STREET ADDRESS 17201 BISCAYNE BLVD  
CITY-ST-ZIP NORTH MIAMI BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000008280  
01/20/04-80030-022 150.00

**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)(f), 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 charged, 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 #