


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -5 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2832365	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KARCHER, DAVID P. ESQ. 2900 MIDDLE ST SW 28 TERR 44 WEST FLAGLER ST. PENTHOUSE. MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MIAO, Y.S. 17201 BISCAYNE BLVD NORTH MIAMI BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Secretary Treasurer Sunny Sun 17201 Biscayne Blvd. North Miami Beach, FL 33160-4803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YEH, HARRY 17201 BISCAYNE BLVD. N. MIAMI BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FU, TZE-CHIAN 17201 BISCAYNE BLVD NORTH MIAMI BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			February 3, 2004 <small>Date</small>		
			<small>Daytime Phone #</small>		



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 426177 4336650

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : February 5, 2004

ORDER TIME : 12:13 PM

ORDER NO. : 426177-005

CUSTOMER NO: 4336650

CUSTOMER: Ms. Michelle E. Smith
Baker & McKenzie
Suite 1700
1111 Brickell Avenue
Miami, FL 33131

ANNUAL REPORT FILING

NAME: TCY LIMITED, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____

RECEIVED
04 FEB -5 PM 2:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA