## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Dayterie Phone 6

ANNUAL REPURI				Secretary of Stat	e
1. Entity Nam	MENT # J64975 Ragon, INC.				
Principal Plac	e of Business M	ailing Address			
5201 BAYM	EADOWS RD.	201 BAYMEADOWS RD.			
JACKSONVILI	LE, FL 32217	ACKSONVILLE, FL 32217			
<b>.</b>					
		<u> </u>			
				01082004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CF		Rod For
_	O NOT WHITE I	A HINA ACVA	<del>-</del>	4. (2.10///20)	lied For Applicable
				_ \$8.75 Addits	
•				5. Certificate of Status Desired Fee Required	As idea
	6. Name and Address of Current Regis	itered Agent			
LEE, JAMES L 5201 BAYMEADOWS RD.				DO NOT WRITE	
JACKSONVILLE, FL 32217			<u> </u>	IN THIS COACE	
	, , , , , , , , , , , , , , , , , , , ,			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 ported name of registered agent and talle of applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution,  Added to Fees					
10.	OFFICERS AND DIRE	CIORS			
TITLE	VP		1		
NAME	LEE, YOOK KUT				
STREET ADDRESS CITY-ST-ZIP	5201 BAYMEADOWS ROAD JACKSONVILLE, FL 32217	·	J		
	T	-	1	<u> </u>	
FIELE NAME	LEE, HUNG LUM			01/20/04-80063-023 1S0	.00
STREET ADDRESS	5201 BAYMEADOWN RD.				
CITY-ST-ZIP	JACKSONVILLE, FL 32317		l		
TITLE	P		1		
NAME	LEE, JAMES L				
STREET ADDRESS	5201 BAYMEADOWS RD			DO NOT WRITE	
City-S1-Zip	JACKSONVILLE, FL 32217				
TITLE	S S VIAOULINI		i	IN THIS SPACE	
NAME STREET ADDRESS	LEE, XIAOLI LIN 5201 BAYMEADOWS RD				
CITY-ST-ZIP	JACKSONVILLE, FL 32217		ŀ		
TITLE			1		
HAME			I		
STREET ADDRESS			1		
CITY-ST-ZIP			1		
TITLE			I		
NAME			1		
STREET ADDRESS					
CITY-ST-ZIP			<u> </u>		
12. I hereby of indicated	centry that the information supplied with this f on this report or supplemental report is true	ring does not qualify for the exe and accurate and that my signs	mption stated in Se ture shall have the	section 119.07(3)(i), Florida Statutes. I further certify that the info a same legal effect as if made under oath; that I am an officer of	rmation director
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of director of the corporation or the regelier 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.					