

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90036 046 \*\*\*150.00

**DOCUMENT # K04529**

1. Entity Name  
RICE KING, INC.



Principal Place of Business  
446 DATE PALM DR.  
LAKE PARK, FL 33403 US

Mailing Address  
446 DATE PALM DR.  
LAKE PARK, FL 33403 US

44024405



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0033810

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHOU, ENG-HO  
446 DATE PALM DRIVE  
LAKE PARK, FL 33403

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	DP
NAME	CHOU, ENG-HO
STREET ADDRESS	446 DATE PALM DR.
CITY-ST-ZIP	LAKE PARK, FL
TITLE	P
NAME	CHOU, ENG-HO
STREET ADDRESS	446 DATE PALM DR.
CITY-ST-ZIP	LAKE PARK, FL
TITLE	VP
NAME	CHOU, HUANG MEI-CHIN
STREET ADDRESS	446 DATE PALM DR.
CITY-ST-ZIP	LAKE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_