


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 043 ***150.00

DOCUMENT # K28698

1. Entity Name
DONG A CO.



Principal Place of Business
% ROBERT O. MARKS
200 E. ROBINSON ST, STE 865
ORLANDO, FL 32801

Mailing Address
% ROBERT O. MARKS
816 N MILLS AVE
ORLANDO, FL 32801

24019858



2. Principal Place of Business
816 NORTH MILLS AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
816 NORTH MILLS AVENUE
 Suite, Apt. #, etc.

03032004 Chg-P CR2E034 (10/03)

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-2237112

Applied For
 Not Applicable

Zip Country
32803 USA

Zip Country
32803 USA

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

6. Name and Address of Current Registered Agent
MARKS, ROBERT O.
200 E. ROBINSON ST
SUITE 865
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
MARKS, ROBERT O.

Street Address (P.O. Box Number is Not Acceptable)
255 SOUTH ORANGE AVENUE

SUITE 800

City **ORLANDO** FL Zip Code **32801**

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 *Robert O. Marks* **Robert O. Marks** **3-09-04**
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 NAME STREET ADDRESS CITY-ST-ZIP	P CHAU, KIM HUNG 816 N MILLS AVE. ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAU, VI HUNG 1206 S CONWAY RD. ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAU, KIM LANG 1206 S CONWAY RD. ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAU, HUNG KIM 816 N MILLS AVE ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAU, HUNG VI 1206 S CONWAY RD ORLANDO, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAU, LANG KIM 1206 S CONWAY RD ORLANDO, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Hung Kim Chau* **Hung Kim Chau** **407-898-3807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #