2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90010 039 ***158.75

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DOCUMENT # L28378

1. Entity Name
SAIPLAS CORPORATON

Principal Place of Business	Mailing Address
C/O JAMES T. TSAI 8544 HUNTERS CREEK N. JACKSONVILLE, FL 32256 US	C/O JAMES T. TSAI 8544 HUNTERS CREEK N. JACKSONVILLE, FL 32256 US

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
32760 MONO LAKE LANE	32760 Mono Lake Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FREMONT CA	City & State: Fremont, CA
Zip: 94555 Country: US	Zip: 94555 Country: US

4. FEI Number: 94-2928688 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TSAI, JAMES T. 8544 HUNTERS CREEK DR. N. JACKSONVILLE, FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD TSAI, JAMES T. 8544 HUNTERS CREEK N. JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TSAI, NANCY LIN 8544 HUNTERS CREEK N JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TSAI, KEVIN 8123 MIDDLE FORK WAY JACKSONVILLE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIANG, STEVE 311 PEACHTREE HILL AVE, APT 16C ATLANTA, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOH, YIN C. 730 SUMMIT CIRCLE S.E. N. CANTON, OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TSAI, CONNIE E 8544 HUNTERS CREEK N JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Nancy L. Tsai Nancy L. Tsai Jan. 10, 2005 (510) 475-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #