2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __

DOCUMENT # N0000007999							10, 2004 0 ecretary of		VI ·
Principal Plac	e of Business	Mailing Address							
566 WECHS ORLANDO		566 WECHSLER CIR ORLANDO FL 32824							
2. Principal F	Place of Business	3. Mailir	ng Address		·· ····				
Suite, Apt.	# etc	Suite, Apt. #, etc.					18111 98111 28 <u>111 88111 88111 88111 881</u> 1		
City & Stat		City & State			4. FEI Number	OORE CR2E	37 (11/03)	aliad Far	
					 = .	59-3709999 Not Applicable			
Z _i p	Country	Zip		Col	antry	5. Certificate of Sta		\$8.75 Addi	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
WANG, TE YOW 566 WECHSLER CIR					Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32824								
					City		F	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							· ·	 	
Signature, typed or printed name of registered agent and stile it applicable (NOTE Registered Agent signature required w FILE NOW: FEE IS \$61.25 9. Election Campaign Financing						·	DATE		करण जा १५० हेन्द्र हरू
				Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D		
TITLE NAME STREET ADDRESS	WANG, TE YOW 566 WECHSLER CIR		☐ Delete	TITLI NAM SIBI	{		.100000083690 1.0704-80048-0;	☐ Change	Addition
CITY+ST-ZIP	ORLANDO FL 32824				- ST- ZIP	93/	10704-80048-0	25 61.25	·
TITLE NAME	LEE, PETER		☐ Delete	LITE MAN	}			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	926 BEACH BREZE DR ORLANDO FL 32835				ET ADDRESS -ST-ZIP				
TITLE	D CHAN, ERIC A		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	10193 BRANDON CIR				ET ADDRESS				
CHY-ST-ZIP TITLE	ORLANDO FL 32836		☐ Delete	TITL!	-SI-ZIP	······································		☐ Change	Addition
NAME STREET ADDRESS	UNG, YIN TIV 5420 GAMBIER CT			NAM STRE	e Eet aooress				
CITY - ST - ZIP	ORLANDO FL 32839	-10-1			-ST-ZIP				
TITLE NAME	KUO, WINTON		Delete	TOTAL NAME	3			☐ Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP	TAMPA FL 33634				-ST-ZIP				
TITLE			☐ Delete	TITU				Change	Addition
STREET ADDRESS CITY - ST- ZIP				STRE	ET AUDRESS -ST-ZIP				
	certify that the information supplied with on this report or supplemental report in portation or the receiver or trustee emo	this filing o s true and a owered to e	does not qualify for courate and that nexecute this report		. 1	Section 119.07(3)(I), Flo le same legal effect as il 317, Florida Statutes: and	irida Statutes. I further or I made under oath; that d that my name appears	ertify that the in am an officer in Block 10 or	formation or director Block 11 if
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 617, 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:									
DIGNAL	unt: >	124				>!	1104		

FILED

3/7/04