


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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90235 042 ****61.25

DOCUMENT # N9500000071		
1. Entity Name TAIWAN BUSINESS ASSOCIATION IN FLORIDA, INC.		
Principal Place of Business 1951 N.W. 22ND ST. FORT LAUDERDALE FL 33311 US		Mailing Address 1951 N.W. 22ND ST. FORT LAUDERDALE FL 33311 US
2. Principal Place of Business	3. Mailing Address <i>8952 N.W. 24th Ter.</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State <i>Miami, FL</i>	
Zip	Country	Zip <i>33172</i> Country

14021809



MOORE CR2E037 (11/03)

4. FEI Number 65-0547474		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WU, TSAI-HUI 1951 N.W. 22ND ST. FORT LAUDERDALE FL 33311		7. Name and Address of New Registered Agent Name CHUNCHIE Allen TSAI Street Address (P.O. Box Number is Not Acceptable) <i>8952 NW 24th Ter.</i> City Miami FL Zip Code 33172	
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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]* DATE **4-30-2004**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, TSAI-HUI 1951 N.W. 22ND ST. FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Chunchie Allen Tsai (Director) <i>9409 NW 54 Doral Cir. Lane</i> Miami FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NG, JOHANY 1480 N.W. 96TH AVE. MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIU, PAT VAN 319 CANDIA AVE. MIAMI FL 33134 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: *[Signature]* DATE: **4-30-2004** TELEPHONE: **305 591 3388**

Signature and typed or printed name of signing officer or director