


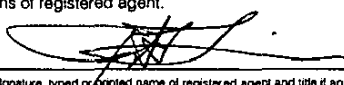
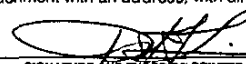
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90573 006 ****61.25

20036745



DOCUMENT # N95000000071					
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 8952 NW 24TH TERR. MIAMI, FL 33172 US			
2. Principal Place of Business		3. Mailing Address P. O. BOX 526842			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, FL		4. FEI Number 65-0547474	
Zip		Zip 33152-6842		Country U.S.A.	
6. Name and Address of Current Registered Agent ALLEN ISAI, CHUNCHIE 8952 NW 24TH TERR. MIAMI, FL 33172				7. Name and Address of New Registered Agent Name: LIU, PAT VAN Street Address (P.O. Box Number is Not Acceptable): 319 Candia Ave City: Miami FL Zip Code: 33134	
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: 		PAT VAN LIU		4-14-05	
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Sue Y. Ng	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WU, TSAI-HUI		NAME	1480 N.W. 96th Ave	
STREET ADDRESS	1951 N.W. 22ND ST.		STREET ADDRESS	Miami, FL 33172	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Edward Wang	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NG, JOHANY		NAME	7234 NW 34st.	
STREET ADDRESS	1480 N.W. 06TH AVE.		STREET ADDRESS	Miami, FL 33122	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIU, PAT VAN		NAME		
STREET ADDRESS	319 CANDIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN TSAI, CHUNCHIE		NAME		
STREET ADDRESS	9409 NW 54 DORAL CIR LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		TREASURER PAT VAN LIU		4-14-05 305-773-0837	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	