


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2004 90009 029 ***150.00

DOCUMENT # P00000096728	
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Principal Place of Business 9842 NOB HILL CT SUNRISE, FL 33351	Mailing Address 9842 NOB HILL CT SUNRISE, FL 33351
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2. Principal Place of Business Suite, Apt., #, etc.	3. Mailing Address Suite, Apt., #, etc.
City & State	City & State
Zip	Country

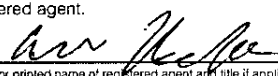


02182004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1050245	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 KWOK, TAI W 9842 NOB HILL CT SUNRISE, FL 33351

7. Name and Address of New Registered Agent Name WAI CHUEN BEN LEE Street Address (P.O. Box Number is Not Acceptable) 9842 NOB HILL COURT City SUNRISE FL Zip Code 33351

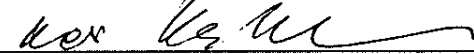
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 2/29/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD LEE, WUI CHUEN BEN STREET ADDRESS 9842 NOB HILL COURT CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME VPD LIM, RICHARD STREET ADDRESS 9198 NW 49TH COURT CITY-ST-ZIP SUNRISE, FL 33351	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD LEE, WAI CHUEN BEN STREET ADDRESS 9842 NOB HILL COURT CITY-ST-ZIP SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD YIM, RICHARD STREET ADDRESS 9198 NW 49TH COURT CITY-ST-ZIP SUNRISE, FL 33351	<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
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:  DATE 2/29/04 DAYTIME PHONE # 561-368-9999
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