


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90066 022 ***150.00

DOCUMENT # P01000020208
 1. Entity Name
TSAY INTERNATIONAL, INC.



Principal Place of Business Mailing Address
2301 NORMANDY DR. **2301 NORMANDY DR.**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**
US **US**

2. Principal Place of Business 3. Mailing Address **5301 NW 105 CT.**
INTERNATIONAL INN
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2301 NORMANDY DR

City & State City & State
MIAMI BEACH. **DORAL FL.**
 Zip Country Zip Country
FL 33141 **FL U.S.A.** **33178** **U.S.A.**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
TSAY, MASA
5301 NW 105 CT
MIAMI FL 33178

4. FEI Number Applied For
65-1086834 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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 Masa Tsay (MASA TSAY) DATE 1/25/2005
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TSAY, MASA	
STREET ADDRESS	2301 NORMANDY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TSAY, BELSA	
STREET ADDRESS	5301 NW 105 CT	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Masa Tsay (MASA TSAY) president DATE 1/25/2005 DAY/TIME PHONE # 305-593-2186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #