## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 18, 2005 8:00 am Secretary of State DOCUMENT # P01000111922 03-18-2005 90062 036 \*\*\*150.00 ABBY YUEN & ASSOCIATES: INC. Principal Place of Business Mailing Address 2401 PGA BLVD. #168 PALM BEACH GARDENS FL 33410 2401 PGA BLVD. #168 PALM BEACH GARDENS FL 33410 **LUUNNIUU** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1156007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YUEN, ABBY WAI KWAN Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD #168 PALM BEACH GARDENS FL 33410 City 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. YUEN, WAI KWAN 118 CORAL CAY DRIVE PBG, FL 33418 D TITLE **PVST** · Delete TITLE Addition YUEN, WAI K NAME NAME STREET ADDRESS 247 E RIVER PARK DRIVE STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition YUEN, WAIK NAME YUEN, WAI STREET ADDRESS 247 E RIVER PARK DRIVE STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 the state of the corporation of the receiver or trustee empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

561-6272027 Daytme Phone #