2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069402 1. Entity Name DIN HOW, INC. Principal Place of Business 1481 SOUTH MILITARY TRAIL PALMA PLAZA - SUITE 1&2 WEST PALM BEACH, FL 33415 Mailing Address 1481 SOUTH MILITARY TRAIL PALMA PLAZA - SUITE 1&2 WEST PALM BEACH, FL 33415

FILED Apr 26, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0727732

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ASBURY, CAROL C ESQ. 200 CONGRESS PARK DRIVE SUITE 210 DELRAY BEACH, FL 33445

SIGNATURE:

DO NOT WRITE IN THIS SPACE

DELRAY BEACH, FL 33445		IN THIS SPACE		
8. The above named entity submits this statement for the the obligations of registered agent SIGNATURE TIEM LIU LIU LIU LIU LIU LIU LIU LI	purpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
Signature typed or printed name of registered agent and title if applicable. (NOTE, Registered		Agent signature required when reinstating) DATE 4 22 04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing \$5.00 May Be	U00000130916	
10. OFFICERS AND DIRECTORS			U4/26/04-80137-011 150.00 -	
NAME LUIS, CHIH HSIUNG STREET ADDRESS 1481 SOUTH MILITARY TRAIL #182 CITY-ST-ZIP WEST PALM BEACH, FL 33415	LUIS, CHIH HSIUNG ESS 1481 SOUTH MILITARY TRAIL #1&2			
TITLE STD NAME LIU, TIEN HUA STREET ADDRESS 1481 SOUTH MILITARY TRAIL #182 CITY-ST-ZIP WEST PALM BEACH, FL 33415	LIU, TIEN HUA 1481 SOUTH MILITARY TRAIL #1&2		DO NOT WRITE IN THIS SPACE	
TITLE VD NAME LIU, KAO-HSIUNG STREET ADDRESS 1481 S. MILITARY TRL., STE 1 & 2 CITY-ST-ZIP WEST PALM BEACH, FL 33415	LIU, KAO-HSIUNG 1481 S. MILITARY TRL., STE 1 & 2			
ITILE D NAME LIU, WEN-YUNN STREET ADDRESS 1481 SOUTH MILITARY TRL., STE 1 WEST PALM BEACH, FL 33415	LIU, WEN-YUNN ADDRESS 1481 SOUTH MILITARY TRL., STE 1 & 2			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		· - ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	filing does not qualify for the exer e and accurate and that my signate ed to execute this report as requir all other like empowered.	nption stated in Section 119.07(3) ure shall have the same legal affected ed by Chapter 607, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or directores, and that my name appears in Block 10 or Block 11 if	