



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90191 004 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000074115			
1. Entry Name ASIAN HARBOR CAFE, INC.			
Principal Place of Business 8126A WORLD CENTER DRIVE ORLANDO, FL 32821		Mailing Address 8126A WORLD CENTER DRIVE ORLANDO, FL 32821	
2. Principal Place of Business 8126A World Center Dr. Suite, Apt. #, etc.		3. Mailing Address 8126A World Center Dr. Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32821		Zip 32821	
Country		Country	
4. FEI Number 16-1615215		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 LIU, JOE SHIN-NAN 4616 N W 107TH AVENUE, #2104 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: Liu, Joe Shin-Nan Street Address (P.O. Box Number Is Not Acceptable): 3525 N.W. 82 Ave City: miami FL Zip Code: 33122	
8. The above named entry 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: <i>Joe Shin-Nan</i>		DATE: 4/24/03	
<p><b>FILE NOW!!! FEE IS \$150.00</b>          After May 17, 2003, Fee will be \$550.00          Make Check Payable to Florida Department of State</p>		<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	NAME: LIU, JOE SHIN-NAN	TITLE: V.P.	NAME: Chu-Fen Lai
STREET ADDRESS: 4616 N W 107TH AVENUE #2104	CITY-ST-ZIP: MIAMI, FL 32178	STREET ADDRESS: 11512 Astina way	CITY-ST-ZIP: orlando, FL 32837
TITLE: D	NAME: SUN, PHILLIP	TITLE:	NAME:
STREET ADDRESS: 14512 ASTINA WAY	CITY-ST-ZIP: ORLANDO, FL 32837	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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)(1), 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: <i>Joe Shin-Nan</i>		DATE: 4/24/03	

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CR2034 (1/01/02)