



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90474 043 ***158.75

DOCUMENT # P02000133137 1. Entity Name ORLANDO PALM TREE, INCORPORATED					
Principal Place of Business 1375 SEMORAN BLVD CASSELBERRY, FL 32707			Mailing Address 1375 SEMORAN BLVD CASSELBERRY, FL 32707		
2. Principal Place of Business 10627 Narcoossee Rd.		3. Mailing Address 10627 Narcoossee Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04132004 Chg-P CR2E034 (10/03)	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 56-2309776	
Zip 32827		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIANG, BRIAN 1375 SEMORAN BLVD CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name CHAU TONY LAM Street Address (P.O. Box Number is Not Acceptable) 10627 NARCOOSSEE ROAD, City ORLANDO, FL Zip Code 32827	
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 <input checked="" type="checkbox"/> CHAU TONY LAM LAM, CHAU TONY 4-13-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAM, TONY 1375 SEMORAN BLVD CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAM, YUEN ANDY 10627 NARCOOSSEE ROAD ORLANDO, FL 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAM, TONY 10627 NARCOOSSEE ROAD ORLANDO, FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 information.					
SIGNATURE: <input checked="" type="checkbox"/> LAM YUEN A. V.P. 4-13-04 407-249-1818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					