


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90701 047 \*\*\*150.00

<b>DOCUMENT # P03000030088</b> 1. Entity Name <b>SMART TONE INT'L INC.</b>			
Principal Place of Business <b>4995 N.W. 72ND AVE #308 MIAMI, FL 33126</b>		Mailing Address <b>4995 N.W. 72ND AVE #308 MIAMI, FL 33126</b>	
2. Principal Place of Business <b>1730 N.W. 23 St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1730 N.W. 23 St.</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33142</b>		Country <b>Miami-Dade</b>	
4. FEI Number <b>54-2102042</b>		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  <b>TAI, PIYANG 4995 N.W. 72ND AVE #308 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name <b>Tai Pi Yang</b> Street Address (P.O. Box Number is Not Acceptable) <b>1730 N.W. 23 St.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33142</b>	
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 <b>Tai Pi Yang</b> DATE <b>4-26-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>TAI, PIYAN</b> <b>4995 N.W. 72ND AVE #308</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>LIU, YU TSAI</b> <b>4995 N.W. 72ND AVE #308</b> <b>MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>PAN, CHIU SHLOW</b> <b>4995 N.W. 72ND AVE #308</b> <b>MIAMI, FL 33126</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
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: <b>Tai Pi Yang</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-26-04</b> Daytime Phone # <b>305-244-2823</b>	