

FILED
May 24, 2004 8:00 am
Secretary of State

03-24-2004 90028 013 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000084885

1. Entity Name
AA DRAGON CORPORATION



Principal Place of Business
3101 PORT ROYALE BLVD. #937
FORT LAUDERDALE, FL 33308

Mailing Address
3101 PORT ROYALE BLVD. #937
FORT LAUDERDALE, FL 33308

66423585



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0141346

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WONG, BOB
3101 PORT ROYALE BLVD. #937
FORT LAUDERDALE, FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

9971 NOB HILL CT.

City SURPRISE

FL

Zip Code 33351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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
WONG, BOB
3101 PORT ROYALE BLVD. #937
FORT LAUDERDALE, FL-33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Wong, Bob
9971 NOB HILL CT.
SURPRISE, FL 33351

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Daytime Phone