

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90089 011 \*\*\*150.00

**DOCUMENT # P03000125231**

1. Entity Name

AA PACIFIC PARTNERS INC.



Principal Place of Business

7575 KINGSPORTE PKWY  
UNIT 22, 1ST FLOOR  
ORLANDO FL 32819  
US

Mailing Address

7575 KINGSPORTE PKWY  
UNIT 22, 1ST FLOOR  
ORLANDO FL 32819  
US

24004440



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2412483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KU, DON  
10000 NEWINGTON DR.  
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWER I. LIAO	
STREET ADDRESS	2947 S. ATLANTIC AVE #1004	
CITY-ST-ZIP	Daytona Beach Shores FL 32118	
TITLE	Vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON KU	
STREET ADDRESS	10000 NEWINGTON DR.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	Vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIL FANG	
STREET ADDRESS	10000 NEWINGTON DR.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN S. LIAO	
STREET ADDRESS	2947 S. ATLANTIC AVE #1004	
CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/04 407-345-4710