

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

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**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**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**

**DO NOT WRITE
IN THIS SPACE**

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

Don Ku

(NOTE: Registered Agent signature required when reconstituting)

1/7/05

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

**TITLE P
NAME LIAO, GOWER I
STREET ADDRESS 2947 S. ATLANTIC AVE. #1004
CITY-ST-ZIP DAYTONA BEACH, FL 32118**

**TITLE VP
NAME KU, DON
STREET ADDRESS 10000 NEWINGTON CIR
CITY-ST-ZIP ORLANDO, FL 32836**

**TITLE V
NAME FANG, KIL
STREET ADDRESS 10000 NEWINGTON DR
CITY-ST-ZIP ORLANDO, FL 32836**

**TITLE T
NAME LIAO, ELLEN S
STREET ADDRESS 2947 W ATLANTIC AVE #1000
CITY-ST-ZIP DAYTONA BEACH, FL 32118**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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01/12/05-80018-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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] **GOWER I. LIAO** *1/7/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

407-345-4710