

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90380 050 \*\*\*150.00

DOCUMENT # P04000146292			
1. Entity Name SUKI CONNECTION OF WELLINGTON, INC.			
Principal Place of Business 11764 W. SAMPLE ROAD, #101 CORAL SPRINGS, FL 33065		Mailing Address 11764 W. SAMPLE ROAD, #101 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 10300 W FOREST HILLS BLVD. Suite, Apt. #, etc. 104		3. Mailing Address 2530 N POWERLINE ROAD Suite, Apt. #, etc. 401	
City & State WELLINGTON, FL		City & State POMPANO BEACH, FL	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LAU, BONNIE Y. 11764 W. SAMPLE ROAD, #101 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2530 N POWERLINE ROAD, # 401 City POMPANO BEACH FL Zip Code 33069	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PVTS LAU, BONNIE Y. 11764 W. SAMPLE ROAD, #101 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2530 N POWERLINE ROAD, # 401 POMPANO BEACH, FL 33069
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
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
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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 like empowered.			
SIGNATURE: <i>Bonnie Y. Lau</i>		Date: 4/27/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

14012051



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1787731 Applied For Not Applicable

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