

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 005 ***150.00

DOCUMENT # P07000067665 1. Entity Name ASIARF (USA), INC.					
Principal Place of Business 2400 W CYPRESS CREEK 202 FORT LAUDERDALE, FL 33309			Mailing Address 2400 W CYPRESS CREEK 202 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 6521 S.W. 5th Street		3. Mailing Address Suite, Apt. #, etc. 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pembrokepines		City & State 			
Zip 33023		Country Broward		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent CHANG, THERESA 2400 W CYPRESS CREEK 202 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Chang, Theresa C. Street Address (P.O. Box Number is Not Acceptable) 11133 N.W. 2nd Ct City Coral Springs FL 33071	
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  DATE 4/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LAI, TZONG-DER 2 LANE 560 ZHONG ZHENG ROAD 4TH FLOOR XIN DIAN CITY TAIPEI, TAIWAN,	<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	D CHANG, CHIH MING 2 LANE 37, CHI GIANG ROAD 5TH FLOOR U-GU VILLAGE TAIPEI, TAIWAN,	<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	LIU YEN, HSIU-SHUANG 10 ALLEY 60 LANE 111, GIAN PING ROAD CHUNG HO CITY TAIPEI, TAIWAN,	<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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  T. Lai, Tzong-der 954-267-8817 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number **---** ☒ Applied For ☐ Not Applicable

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