




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90050 030 \*\*\*150.00

<b>DOCUMENT # P94000031369</b> 1. Entity Name <b>FA-BO PAPER INC.</b>					
Principal Place of Business <b>1060 RAINTREE PALM BEACH GARDENS FL 33410 US</b>				Mailing Address <b>P.O BOX 460366 FT LAUDERDALE FL 33346 US</b>	
2. Principal Place of Business <b>2800 N.W. 47th Terrace</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b># 409</b>		Suite, Apt. #, etc. <b>PO BOX 460366</b>			
City & State <b>FT. Lauderdale FL.</b>		City & State <b>PORT LAUDERDALE FL</b>		4. FEI Number <b>65-0479854</b>	
Zip <b>33313</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLIE, KOONG 1060 RAINTREE PALM BEACH GARDENS FL 33410</b>				7. Name and Address of New Registered Agent Name <b>Millie Koong</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 N.W. 47th Terrace # 409</b> City <b>FT Lauderdale</b> <b>FL</b> Zip Code <b>33313</b>	
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  <b>Millie Koog. (cgs)</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LIM, MILLIAN K 1060 RAINTREE PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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.					
<b>SIGNATURE:</b> 			4/16/04 <span style="float: right;">561 308 2282</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		