


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90003 007 \*\*\*150.00

<b>DOCUMENT # P94000054900</b>		
1. Entity Name <b>GLORY DESIGN ORIENTAL FURNITURE CORPORATION</b>		
Principal Place of Business <b>4334 NE 5TH AVENUE OAKLAND PARK FL 33334 US</b>		Mailing Address <b>4334 NE 5TH AVENUE OAKLAND PARK FL 33334 US</b>
2. Principal Place of Business <b>10304 W McNAB RD.</b>	3. Mailing Address <b>10304 W McNAB RD.</b>	
Suite, Apt. #, etc. <b>#A2</b>	Suite, Apt. #, etc. <b>#A2</b>	
City & State <b>TAMARAC, FL</b>	City & State <b>TAMARAC, FL</b>	
Zip <b>33321</b>	Country <b>US</b>	Zip <b>33321</b>
Country <b>US</b>		



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0509317</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CHAN, YAM S. 4334 N.E. 5TH AVE. OAKLAND PARK FL 33334</b>	7. Name and Address of New Registered Agent Name <b>CHAN, YAM S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10304 W McNAB RD.</b> <b>TAMARAC</b> City <b>FL</b> Zip Code <b>33321</b>
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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  **YAM S CHAN PRES.** DATE **2-20-04**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAN, SUETTO BELINDA 4334 N.E. 5TH AVE. OAKLAND PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAN, SUETTO BELINDA 10304 W McNAB RD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAN, YAM S 4334 NE 5TH AVENUE OAKLAND PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAN, YAM S 10304 W McNAB RD TAMARAC, FL 33321 <input checked="" 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
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**YAM SHUI CHAN 2-20-04 954-718-1130**