## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 08:00 AM Secretary of State

ANNUAL REPURI						Sec	cretar	v of	State
DOCUMENT # P95000004665						~ ~ ~		<i>J</i> –	~ ******
1. Entity Name									
KA LAI CO., INC.									
			Ì						
Principal Place of Business Mailing Address			3.1						
2100 45TH STREET		2100 45TH STREET							
#B-28		B-28							
WEST PALM BEACH, FL 33407		WEST PALM BEACH, FL 33407-2070		} :##!!##:)!#	(#    )	## <b>##</b>     <b>##</b>     <b>#</b>	######################################	17 ME   11 CHE	
2. Principal Place of Business		3. Mailing Address							
					<b>                                    </b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004	Chg-P	CR2E034	1/10/03\		
City & State		City & State							
Ony & State		Cay a orace			4. FEI Number 65-0562			<del></del>	plied For t Applicable
Zip	Country Zip		Count	ry			\$	8.75 Add	
					5. Certificate o	of Status Desired		e Require	
<u> </u>	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	egistered Ac	ent	
YIP, KENI	VETH N		•	Name		_			_=:=
2100 45TH STREET				Street Address (	P.O. Box Number	is Not Acceptable	e)		
B-28	LM DE 4011 CL 00407 0070	·					· _ ·		
WEST PALM BEACH, FL 33407-2070					<u> </u>			<del>,</del> _	
			and the second	City			FL	Zip Code	9
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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE									
En	E NOW!!! FEE IS \$150.00	9. Election Campa	aign Financ	cing \$5.	.00 May Be				
After M	ay 1, 2004 Fee will be \$550	.00 Trust Fund Con	tribution.		led to Fees				
10.	OFFICERS AND	DIRECTORS	- 11,	·	ADDITIONS/C	HANGES TO OFF	CERS AND E	IDECTORS	2N 11
TALE	D	☐ Defete	DILE		ADDITIONAL C	A PARALO TO OT	<del></del>	Change	Addition
NAME	YIP, KENNETH N		NAME			naaaaa	137302		
STREET ACCRESS	1			T ADDRESS	04/29/04-80033-023 150.00				
City-St-ZiP	WEST PALM BEACH, FL 3340			SI-ZIP		<u>-</u>			
NAME	D YIP, LAI AHN	☐ Delete	HILE				{	Change	Addition 🗌
STREET ADDRESS	2100 45TH STREET, B-28		NAME SIRFF	T ADDRESS					
CRY-ST-ZIP				SI-ZIP					
HITLE	<del></del>	☐ Delete	TITLE					Change	☐ Addition
NAME		2	NAME				-		
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP		<del></del>		ST-ZIP					_ <u></u>
TITLE NAME		☐ Delete	_ IHLE NAME	ļ			[	Change	Addition
STREET ADDRESS			•	I ADDRESS					ļ
City-St-Zip		* **	CITY-:	ST-ZIP					
THILE		☐ Delete	TIFLE					Change	Addition
NAME			name					_ •	
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP			-	SI-ZIP	<del></del>		<del></del>		
TITLE NAME		☐ Delete	TITLE NAME				[	_ Change	Addition
STREET ADDRESS			4	T ADDRESS					
CHY-SF ZIP			1	SI -ZIP					
12. hereby	certify that the information supplied wit	h this filing does not qualify fo	r the exem	nption stated in Se	ction 119.07(3)(i)	, Florida Statutes.	further certifi	that the in	formation
12. I hereby certify that the information supplied with this filling 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.									