

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-27-2004 90050 029 ***150.00

DOCUMENT # P95000011454

1. Entity Name

FA-BO INTERNATIONAL CORPORATION



Principal Place of Business

1060 RAINTREE DR.
PALM BEACH GARDENS FL 33410
US

Mailing Address

PO BOX 460366
FORT LAUDER DAL FL 33346
US

24036644



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2800 NW 47th Terrace

3. Mailing Address

same as above

Suite, Apt. #, etc.

409

Suite, Apt. #, etc.

PO BOX 460366

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33313

Country

USA

Zip

33346

Country

US

4. FEI Number

65-0586533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOOVY, MILLIE
1060 RAINTREE DR.
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

KOONG, Millie

Street Address (P.O. Box Number is Not Acceptable)

2800 NW 47 Terrace unit # 409

City

Fort Lauderdale

FL

Zip Code

33313

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.

Millie Koong, agent

(NOTE: Registered Agent signature required when reinstating)

4/16/04

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

TITLE D ☐ Delete
NAME LIM, MILLIAM
STREET ADDRESS 1060 RAINTREE DR.
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/16/04

161 308 2282