


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90002 012 \*\*\*158.75

|   |                       |  |   |   |  |
|---|-----------------------|--|---|---|--|
| <b>DOCUMENT # P95000045521</b>  |                       |  |   |  |  |
| 1. Entity Name<br><b>EURO-ASIA, INC.</b>  |                       |  |   |   |  |
| Principal Place of Business<br><b>2205 NW 20TH ST.<br/>MIAMI FL 33142</b>   |                       |  | Mailing Address<br><b>2205 NW 20TH ST.<br/>MIAMI FL 33142</b> |   |  |
| 2. Principal Place of Business  |                       |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                       |  | Suite, Apt. #, etc.   |   |  |
| City & State  |                       |  | City & State  |   |  |
| Zip   | Country               | Zip  | Country   | 4. FEI Number<br><b>65-0596142</b>  |  |
|   |                       |  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |  |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent   |                       |  | 7. Name and Address of New Registered Agent                   |   |  |
| <b>LIAO, YU-YING<br/>2205 NW 20TH ST.<br/>MIAMI FL 33142</b>  |                       |  | Name  |   |  |
|   |                       |  | Street Address (P.O. Box Number is Not Acceptable)            |   |  |
|   |                       |  | City  |   |  |
|   |                       |  | FL Zip Code   |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                       |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                       |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |   |  |
| TITLE   | D                     | <input type="checkbox"/> Delete            | TITLE   | PD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | LIAO, YU-YING         |  | NAME  | LIAO, YU-YING   |  |
| STREET ADDRESS  | 2205 N.W. 20TH STREET |  | STREET ADDRESS  | 2205 NW 20TH ST.  |  |
| CITY-ST-ZIP   | MIAMI FL 33142        |  | CITY-ST-ZIP   | MIAMI FL 33142  |  |
| TITLE   | D                     | <input checked="" type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | CHEN, JOHNNY          |  | NAME  |   |  |
| STREET ADDRESS  | 2205 N.W. 20TH STREET |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | MIAMI FL 33142        |  | CITY-ST-ZIP   |   |  |
| TITLE   |                       | <input type="checkbox"/> Delete            | TITLE   | TD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                       |  | NAME  | LIAO, CHIN-TEH  |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  | 16806 NW 83RD CT.   |  |
| CITY-ST-ZIP   |                       |  | CITY-ST-ZIP   | MIAMI LAKES FL 33016  |  |
| TITLE   |                       | <input type="checkbox"/> Delete            | TITLE   | SD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                       |  | NAME  | LIAO, ROGER H.Y   |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  | 16806 NW 83 RD CT.  |  |
| CITY-ST-ZIP   |                       |  | CITY-ST-ZIP   | MIAMI LAKES FL 33016  |  |
| TITLE   |                       | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                       |  | NAME  |   |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                       |  | CITY-ST-ZIP   |   |  |
| TITLE   |                       | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                       |  | NAME  |   |  |
| STREET ADDRESS  |                       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                       |  | 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: <u>LIAO, YU-YING</u>   |                       |  | 02-03-04 305-638-7501   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                       |  | Date Daytime Phone #  |   |  |



MOORE CR2E034 (11/03)