


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000052584
1. Entity Name
S.T.I. INVESTMENTS, INC.



Principal Place of Business Mailing Address
**8900 N.W. 33RD ST.
MIAMI, FL 33172-1223** **8900 N.W. 33RD ST.
MIAMI, FL 33172-1223**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0595201 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
**HUANG, JA-HSIUNG
11326 S.W. 153RD COURT
MIAMI, FL 33196**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00** 9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUANG, JA-HSIUNG 11326 SW 153RD CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUANG, LIH-YUEH 11326 SW 153RD CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEE, CHWAN-RUEY 6830 VERONESE ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TSENG, YUNG-LUNG 15358 SW 113RD TERR MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/15/05-80057-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ja Hsiung Huang* 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #