## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # P95000091156** 1. Entity Name DAI SAN, INC. Principal Place of Business Mailing Address 1031 SW 73 AVE 1031 SW 73 AVE MIAMI, FL 33144 MIAMI, FL 33144 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0635769 Not Applicable Zip Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAN, YIU G Street Address (P.O. Box Number is Not Acceptable) 1031 SW 73 AVE MIAMI, FL 33144 Zip Code City 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition PD TITLE ☐ Change TITLE Delete NAME CHAN, YIU G NAME U00000121941 04/21/04-80009-010 150.00 STREET ADDRESS STREET ADDRESS 1031 SW 73 AVE MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-78P VSTD Addition ☐ Delete BITLE ☐ Change TITLE CHAN, MEI Y NAME NAME STREET ADDRESS STREET ADDRESS 1031 SW 73 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33144 TITLE ☐ Delete TETLE Change ☐ Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change Delete Addition | TATLE NAME SMASS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP साराह Channe ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ... THELE ☐ Delete TITLE 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)(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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**