


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000006525	
1. Entity Name K.M. ERIKSON, INC.	

Principal Place of Business 7800 BISHOPWOOD ROAD LAKE WORTH, FL 33467	Mailing Address 7800 BISHOPWOOD ROAD LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0645917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WONG, SOWKENG
7800 BISHOPWOOD ROAD
LAKE WORTH, FL 33467**

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	WONG, SOWKENG
NAME	
STREET ADDRESS	7800 BISHOPWOOD ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE VD	NGOH, MEE-LIAN
NAME	
STREET ADDRESS	623 JALAN 30-39 TAMAN PETALING KEPONG52100
CITY-ST-ZIP	KUALA LUMPUR WEST MALAYSIA,
TITLE TD	WONG, ROGER
NAME	
STREET ADDRESS	68 JALAN MERANTI MELODIES GARDENS JOHOR
CITY-ST-ZIP	BAHRU JOHOR, WEST MALAYSIA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/28/04-60038-001 150.00

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: *St. J. P. (S.K. Wong)* **4/28/04** **(581-439-5948)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #