2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # P96000051762 1. Entity Name 03-15-2004 90094 047 ***150.00 FAR EAST COMPONENTS, INC. Principal Place of Business Mailing Address 931 VILLAGE BLVD 931 VILLAGE BLVD STE, 908 24022154 STE. 908 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 7656 Byron - Ur CR2E034 (11/03) City & State 4. FEI Number Applied For 65-0680443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHAM, HAI V Street Address (P.O. Box Number is Not Acceptable) 931 VILLAGE BLVD STE. 908 WEST-PALM BEACH-FL-33409 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 the obligations of registered agent. SEGNATURE red agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Defete TITLE ☐ Addition PHAM, HAI V NAME NAME Byron Dr Ste # B9 Beach FL 33404 991-VILLAGE BLVD, STE. 908 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-7IP CITY-ST-ZIP VΡ TITLE ☐ Delete PHAM, TAM T NAME NAME 7656 Byron. Dr 931 VILLAGE BLVD, STE. 908 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-7IP TITLE ☐ Delete ☐ Addition Change Change -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

FILED