


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90022 002 ***150.00

DOCUMENT # P96000070371

1. Entity Name
ASIAN/FLORIDA INVESTMENT CO., INC.



Principal Place of Business
**816 NORTH MILLS AVENUE
ORLANDO, FL 32803**

Mailing Address
**816 NORTH MILLS AVENUE
ORLANDO, FL 32803**

24019849



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03032004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-3400715

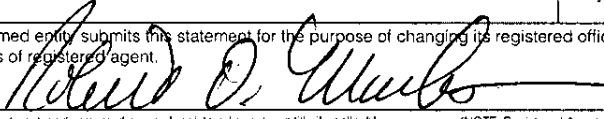
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MARKS, ROBERT O ESQ
200 EAST ROBINSON STREET
SUITE 865
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
Name
MARKS, ROBERT O.
Street Address (P.O. Box Number is Not Acceptable)
**255 SOUTH ORANGE AVENUE
SUITE 800**
City
ORLANDO FL Zip Code
32801

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  **Robert O. Marks** DATE **3-09-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHAU, HUNG K 816 NORTH MILLS AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHAU, QUANG V 3660 GATHN PLACE CIR. ORLANDO, FL 32812 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHAU, VI HUNG 1206 S CONWAY RD ORLANDO, FL 32812 <input type="checkbox"/> Delete | T CHAU, HUNG VI 1206 S CONWAY RD ORLANDO, FL 32812 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHAU, KIM L 1206 S CONWAY RD ORLANDO, FL 32812 <input type="checkbox"/> Delete | S CHAU, LANG KIM 1206 S CONWAY RD ORLANDO, FL 32812 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Hung Kim Chau** DATE **407-898-3807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR