2005 FOR PROFIT CORPORATION -ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P9700001614 ONG PALACE INN, INC.	,			Se	cretary	oi State
22191 PWEI BAY 240	RLINE ROAD	Tailing Address 22191 PWERLINE ROAD BAY 24C BOCA RATON, FL 33433					
C	O NOT WRITE I	CE	02042005 4. FEI Numbe 65-073	No Chg-P	CR2E034 (10	Applied For Not Applicable Additional	
LIU, KIN K 18011 SAI BOCA RA		DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and like		d Agent signature required	when reinstating)	h, in the State of Flo	rida. I am familiar	with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRE	Trust Fund Contribution.		00 May Be ed to Fees		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LIU, KIN KI 18011 SAMBA LN BOCA RATON, FL 33496	ite //	- <u> </u>		U00000 03/02/05-)248517 -80031-025	150.00
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	,		DO	NOT W	RITE	<u>.</u>
TITLE NAME STREET ADDRESS GITY-ST-ZIP			= ***	IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				·	~ ~ .	<u> </u>	-·
TITLE NAME STREET ADDRESS CITY-ST-ZIP							,
12. I hereby of indicated of the conchanged,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	iling does not qualify for the exe and accurate and that my signal of to execute this report as requi Il other like empowered	mption stated in Secture shall have the street by Chapter 607	ction 119.07(3)(i same legal effec , Florida Statute), Florida Statutes. I t as if made under o s; and that my name	further certify that ath; that I am an o appears in Block	the information ficer or director 10 or Block 11 if

PRESIDENT

02/25/05

(954) 946 -8011

Daytime Phone #