## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS COY-ST-7IP

## **FILED** Apr 12, 2004 08:00 AM **Secretary of State DOCUMENT # P97000017078** 1. Entity Name EASTERN FLAVOR HOUSE, INC Principal Place of Business Mailing Address 2455 L BLDG D MCMULLEN BOOTH 2455 L BLDG D MCMULLEN BOOTH CLEARWATER, FL 33759 CLEARWATER, FL 33759 No Cha-P CR2E034 (10/03) 01152004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3428075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WONG, PIK C DO NOT WRITE 2455 L BLDG D MCMULLEN BOOTH SAFETY HARBOR, FL 34619 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Begistered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Ð THE WONG, PIK C NAME STREET ADDRESS 1188 OVERCASH DRIVE CITY-ST-ZIP DUNEDIN, FL 34698 TITLE LAWSON, CHENG CHUN W NAME STREET ADDRESS ROOM 1001 BLOCK F YUE TIN COURT, SHATIN N. T. HONG KONG. CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP THE

12. I hereby certify that the information supplied with this filling 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.

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	SIGNA	TURE AND TYP	ED OR PRINTED NA	ME OF SIGN	NING OFFICER O	A DIRECTOR	Date	Tar x	- Д.,	Daytime Phone #	: