2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 28, 2004 08:00 AM **DOCUMENT # P97000092204 Secretary of State** 1. Entity Name TANG AND HO, INC. Mailing Address Principal Place of Business 1640 NORTHEAST 164TH STREET 1640 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 65-0796066 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIRNBAUM, MARC P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 IVES DAIRY ROAD SUITE 228 MIAMI, FL 33179 City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550,00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSD ☐ Delete TITLE ☐ Addition TITLE U00000136038 04/28/04-80079-024 150.00 HO. SUI SIN NAME NAME STREET ADDRESS 2673 NORTHEAST 164TH ST. STREET ADDRESS NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-SY-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE MAASE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-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.

OR DIRECTOR

FILED