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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P98000024715 04-29-2004 90282 048 \*\*\*150 00 ASIAN CENTURY INTERNATIONAL, INC. Principal Place of Business Mailing Address 14011553 152 NE 167TH STREET 152 NE 167TH STREET 401 401 MIAMI, FL 33162 US MIAMI, FL 33162 2. Principal Place of Business 3. Mailing Address 2400 W. Cypress Creek 2400 W. Cypress Creek Suite, Apt. #, etc. Suite, Apt. #, etc. 04242004 CR2E034 (10/03) Cha-P Suite 202 Suite 202 City & State City & State Applied For 4 FEI Number Fort Lauderdale, Fl. Fort Lauderdale, Fl. 65-0827982 Not Applicable Country Zip 33309 Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Broward Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Theresa C. Chang CHANG, THERESA C Street Address (P.O. Box Number is Not Acceptable) 152 NE 167TH STREET, #211 N. MIAMI BEACH, FL 33162 2400 W. Cypress Creek Road, #202 Fort Lauderdale 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 a 4123104 Signature, typed or profied name of registered agent and title if applicable ed Agent signature required when reinstating) FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDS ☐ Delete TITLE Change Addition TITLE CHANG, THERESA C NAME 11133 NW 2 CT S IREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME CHANG, ANTHONY STREET ADDRESS 11133 NW 2ND CT. STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Deicte NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chance ☐ Addition ☐ Delcte THIF MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 than an empowered.

Theresa Chang, 4/23/04,954-267-9799