


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90094 035 \*\*\*150.00

|   |  |   |   |   |                                     |
|---|--|---|---|---|-------------------------------------|
| <b>DOCUMENT # P98000035658</b><br>1. Entity Name<br><b>RUI KUEN, INC.</b>   |  |   |   |  |                                     |
| Principal Place of Business<br>112 SW 12TH ST. #2<br>FORT LAUDERDALE, FL 33315  |  |   | Mailing Address<br>112 SW 12TH ST. #2<br>FORT LAUDERDALE, FL 33315  |   |                                     |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                           |   |   |                                     |
| 4. FEI Number<br><b>65-0849976</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee Required</b>   |                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>HUEN AU, SHUK</b><br><b>112 SW 12TH ST. #2</b><br><b>FORT LAUDERDALE, FL 33315</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>AU, SHUK KUEN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>112 SW 12TH STREET, #2</b><br>City <b>FT. LAUDERDALE</b> State <b>FL</b> Zip Code <b>33315</b> |   |                                     |
| 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.<br>SIGNATURE <u>Shuk Kuen Au</u> DATE <u>3/6/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |                                     |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |                                     |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>KEUN AU, SHUK<br>112 SW 12TH ST. #2<br>FORT LAUDERDALE, FL 33315<br><input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>RUI CHEN, ZHI<br>112 SW 12TH ST. #2<br>FORT LAUDERDALE, FL 33315<br><input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Shuk Kuen Au</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <u>3/6/04</u>  |   | Daytime Phone # <u>954-765-1080</u> |