

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000041626**

1. Entity Name  
**KAM TAI INC.**



Principal Place of Business

**11471 W SAMPLE RD  
#410  
CORAL SPRINGS, FL 33065 US**

Mailing Address

**5 TUDOR CITY PLACE  
1425  
NEW YORK, NY 10017**



07202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4010884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHAU, ANDREW  
11471 W SAMPLE RD  
410  
CORAL SPRING, FL 33065**

**DO NOT WRITE  
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: Registered Agent signature required when reinstating)

DATE

**U000000573124  
08/02/06-80003-010 150.00**

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAU, THAY C PRES
STREET ADDRESS	11471 W SAMPLE RD, #410
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VP
NAME	CHAU, LI CHHANG VP
STREET ADDRESS	84-14 60 RD
CITY-ST-ZIP	ELMHURST, NY 11373
TITLE	S
NAME	CHAU, ANDREW SEC
STREET ADDRESS	11471 W SAMPLE RD #410
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/25/06**

Date

Daytime Phone #