

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 19, 2007 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**



03142007 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CHAU, THAY C PRES
11471 W SAMPLE RD.#410
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
CHAU, LI CHHANG VP
84-14 60 RD
ELMHURST, NY 11373**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CHAU, ANDREW SEC
11471 W SAMPLE RD #410
CORAL SPRINGS, FL 33065**

TITLE
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IN THIS SPACE**

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03/27/07-80119-017 150.00

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

Date

Daytime Phone #