## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000051121

Entity Name: HO PAN YAO INC.

Name:

Address:

City-St-Zip:

FILED Jun 27, 2005 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
	JR GODFR IAMI BEACH	EY RD I, FL 33140	US				
Current M	ailing Addı	ess:		New Mailing Address:			
692 W 29 S HIALEAH,		US					
FEI Number:	65-0857856	FEI Numb	er Applied For()	FEI Number Not App	icable ( )	Certific	ate of Status Desired ( )
Name and	Address o	f Current Re	gistered Agent:	Name and	Address of	New Re	gistered Agent:
MUI, WAI ( 780 E 39 S HIALEAH,	TREET	US					
The above in the State		ty submits this	s statement for the p	ourpose of changing i	ts registered	office or	registered agent, or both,
SIGNATUR	RE:						
	Electi	onic Signatur	e of Registered Age	ent			Date
			the corporation did no Contribution ( ).	t receive the prior notic	e.		
OFFICERS	AND DIRE	CTORS:		ADDITION	IS/CHANGE	S TO OF	FICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD MUI, WAI C 780 E 39 ST HIALEAH, FI			Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	TDV KWAN, WIN 13203 S.W. MIAMI, FL 3	40 TERR.		Title: Name: Address: City-St-Zip:	TDV ( KWAN, WING 701 SW 61 A MIAMI, FL 33	S F VE	( ) Addition
Title: Name: Address: City-St-Zip:	SD LOUKWAN, 13203 S.W. MIAMI, FL 3	40 TERR		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title:		( ) Delete		Title:	D (	) Change	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

KWAN, SUSANA

701 SW 61 AVE

MIAMI, FL 33144

SIGNATURE: WING F KWAN TDV 06/27/2005