

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90658 021 \*\*\*150.00

**DOCUMENT # P98000095995**

1. Entity Name

A HUI HOU, INC.



Principal Place of Business

329 FALCONS FIRE AVE  
LAS VEGA NV 89148-2744

Mailing Address

329 FALCONS FIRE AVE  
LAS VEGA NV 89148-2744

*329 Falcons Fire Ave*

2. Principal Place of Business

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*LAS VEGAS NV.*

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3544887

Applied For

Not Applicable

Zip

*89148*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYLER, SHIRLEY  
7601-9THS TREET-N-STE C-1  
SAINT PETERSBURG FL 33702-5200

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LUBRANO, DENNIS J  
STREET ADDRESS 329 FALCONS FIRE AVENUE  
CITY-ST-ZIP LAS VEGAS NV 89148

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LUBRANO, JUANILLA F  
STREET ADDRESS 329 FALCONS FIRE AVENUE  
CITY-ST-ZIP LAS VEGAS NV 89148

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/04*  
Date

*702-597-9202*  
Daytime Phone #