## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P99000093520 1. Entity Name 04-02-2004 90055 041 \*\*\*150.00 CELEBRATE FLORIDA HOLDING COMPANY, INC. Principal Place of Business Mailing Address 5558 OSPREY ISLE LANE ORLANDO FL 32819 5558 OSPREY ISLE LANE 94042410 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3606841 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required =6::Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUANG, LOUIS S Street Address (P.O. Box Number is Not Acceptable) 5558 OŚPREY ISLE LANE ORLANDO FL 32819 Zip Code FL 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. SIGNATÙRE Aoplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Delete TITLE ☐ Change ☐ Addition HAUNG, JESSICA C NAME STREET ADDRESS 5558 OSPREY ISLE LANE STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP D Delete TITLE ☐ Change ☐ Addition HUANG, LOUIS S NAME NAME STREET ADDRESS 5558 OSPREY ISLE LANE STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fing 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 suppliernental 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.

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SIGNATURE

FILED