

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90091 025 ***150.00

DOCUMENT # S01166

1. Entity Name

U.S. ASIA REALTY COMPANY



Principal Place of Business

**13 SERPENTINE CT.
SILVER SPRING MD 20904**

Mailing Address

**PO BOX 1290
BURTONSVILLE MD 20866**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3037567

Applied For

Not Applicable

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

**BEFELER, HENRY
TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134**

Name **CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD.

City **PLANTATION**

FL

Zip Code **33324**

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.

Mark S. Eppley
**Assistant Vice-President
and Secretary**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE **D** ☐ Delete
NAME **LAWLESS, RICHARD**
STREET ADDRESS **PO BOX 1290**
CITY-ST-ZIP **BURTONSVILLE MD 20866**

TITLE **VPS** ☐ Delete
NAME **LITTLEFAIR, JOANNE**
STREET ADDRESS **PO BOX 1290**
CITY-ST-ZIP **BURTONSVILLE MD 20866**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **SECRETARY, DIRECTOR** ☒ Change ☐ Addition
NAME **JOANNE LITTLEFAIR**
STREET ADDRESS **P.O. BOX 1290**
CITY-ST-ZIP **BURTONSVILLE, MD 20866**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **THERESE SHAHEEN**
STREET ADDRESS **P.O. BOX 1290**
CITY-ST-ZIP **BURTONSVILLE, MD 20866**

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

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

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:

JOANNE LITTLEFAIR

2/22/05

202-835-1735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #