2004 FOR PROFIT CORPORATION ANNUAL-REPORT

SIGNATURI

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # S17053** 1. Entity Name 04-19-2004 90365 043 ***150.00 A. E. G. TRADING COMPANY, INC. Principal Place of Business Mailing Address 39800 SW 224TH AVE. 39800 SW 224TH AVE. 14002000 MIAMI, FL 33034 MIAMI, FL 33034 2. Principal Place of Busines 3. Mailing Address KOAS EGRET 1661 EGKET Suite, Apt. #, etc. Apt. #. etc. 03032004 Cha-P CR2E034 (10/03) HOHESTEAD YOMESTEAN 4. FEI Number City & State Applied For 65-0267071 Not Applicable Country 3*30 3*5 \$8.75 Additional 5. Certificate of Status Desired 33035 MIAMI DASE MIAMI Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUN, CHEE CHOON Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD **SUITE 205** N. MIAMI BEACH, FL 33180 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITI F TITLE Change Addition CHEE CHOON, TUN NAME NAME STREET ADDRESS 39800 SW 224 AVE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33034 HOMESTEAD L. 33035 CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME LAI LEE, VONG NAME 39800 SW 224 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change 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 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete . TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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