

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90282 049 \*\*\*150.00

**DOCUMENT # S82410**

1. Entity Name  
**ASIAN CENTURY INVESTMENT GROUP, INC.**



Principal Place of Business <b>152 NE 167TH STREET 401 NORTH MIAMI BEACH, FL 33162 US</b>	Mailing Address <b>152 NE 167TH STREET 401 NORTH MIAMI BEACH, FL 33162 US</b>
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**14011552**



2. Principal Place of Business <b>2400 W. Cypress Creek</b>	3. Mailing Address <b>2400 W. Cypress Creek</b>
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Suite, Apt. #, etc. <b>Suite 202</b>	Suite, Apt. #, etc. <b>Suite 202</b>
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04242004 Chg-P CR2E034 (10/03)

City & State <b>Fort Lauderdale, Fl.</b>	City & State <b>Fort Lauderdale, Fl.</b>
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4. FEI Number <b>65-0286321</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33309</b>	Country <b>Broward</b>	Zip <b>33309</b>	Country <b>Broward</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHANGE, THERESA C  
152 NE 167TH STREET, #211  
N. MIAMI, FL 33162**

**7. Name and Address of New Registered Agent**

Name <b>Theresa Chang</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2400 W. Cypress Creek Road, #202</b>
City <b>Fort Lauderdale</b>
FL Zip Code <b>33309</b>

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 *Theresa Chang* **4/23/04**  
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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>DPS</b>	<input type="checkbox"/> Delete
NAME <b>CHANG, THERESA C.J.</b>	
STREET ADDRESS <b>11133 NW 2ND COURT</b>	
CITY-ST-ZIP <b>CORAL SPRINGS, FL 33071</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Theresa Chang* **Theresa Chang, 4/23/04, 954-267-9799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #