2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 10, 2005 8:00 am Secretary of State DOCUMENT # V49041 1. Entity Name 03-10-2005 90135 047 \*\*\*150.00 TAIPEI OF NAPLES, INC. Mailing Address Principal Place of Business EMPEROR EXPRESS 2537 LONG BOAT DR. NAPLES FL 34104-3327 5620 STRAND BLVD #1 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0352301 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WANG, CHUN-HSUEH Street Address (P.O. Box Number is Not Acceptable) 2537 LONG BOAT DR. NAPLES FL 34104-3327 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Change TITLE ☐ Defete WANG, CHUN-HSUEH NAME NAME STREET ADDRESS 2537 LONG BOAT DR. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104-3327 CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete am - Fai Lai KAM-FAI, KAI NAME 2537 LONG BOAT DR. STREET ADDRESS STREET ADDRESS NAPLES FL 34104-3327 CHTY-ST-ZIP CITY-ST-7IP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ■ Addition NAME 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 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

**FILED**