


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90048 037 ***158.75

DOCUMENT # L28378			
1. Entity Name SAIPLAS CORPORATON			
Principal Place of Business 32760 MONO LAKE LN FREMONT, CA 94555 US		Mailing Address 32760 MONO LAKE LN FREMONT, CA 94555 US	
2. Principal Place of Business		3. Mailing Address P. O. Box 7598	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fremont, CA	
Zip	Country	Zip 94537	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TSAI, JAMES T. 8544 HUNTERS CREEK DR. N. JACKSONVILLE, FL 32256		Name TSAI, JAMES T.	
		Street Address (P.O. Box Number is Not Acceptable)	
		402 13th Ave. North #A	
		City Jacksonville Beach	FL Zip Code 32250
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 <i>Nancy Lin</i>		Vice-President	DATE 1-26-2006
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, JAMES T.	NAME	
STREET ADDRESS	8544 HUNTERS CREEK N.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, NANCY LIN	NAME	
STREET ADDRESS	8544 HUNTERS CREEK N	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIANG, STEVE	NAME	
STREET ADDRESS	311 PEACHTREE HILL AVE, APT 16C	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOH, YIN C.	NAME	
STREET ADDRESS	730 SUMMIT CIRCLE S.E.	STREET ADDRESS	
CITY-ST-ZIP	N. CANTON, OH	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: <i>Nancy Lin</i>		Date 1-26-2006 Daytime Phone # 570-495-8221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	