

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L28378

**FILED  
Feb 13, 2021  
Secretary of State  
4353359977CC**

**Entity Name:** SAIPLAS CORPORATON

**Current Principal Place of Business:**

1037 MADSEN CT  
OPTIONAL  
PLEASANTON, CA 94566

**Current Mailing Address:**

1037 MADSEN CT  
PLEASANTON, CA 94566 US

**FEI Number:** 94-2928688

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TSAI, JAMES T  
402 13TH AVE N  
#A  
JACKSONVILLE BEACH, FL 32250 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TSAI, JAMES T.  
Address 1037 MADSEN CT  
City-State-Zip: PLEASANTON CA 94566

Title VP  
Name TSAI, NANCY LIN  
Address 1037 MADSEN CT  
City-State-Zip: PLEASANTON CA 94566

Title D  
Name TSAI, CONNIE E  
Address 1037 MADSEN CT  
City-State-Zip: PLEASANTON CA 94566

Title DIRECTOR  
Name TSAI, JASON VICTOR  
Address 1037 MADSEN CT  
OPTIONAL  
City-State-Zip: PLEASANTON CA 94566

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES T TSAI

**PRESIDENT**

**02/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date