


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90028 027 \*\*\*150.00

**DOCUMENT # S02006**  
 1. Entity Name  
**TAI WAH USA, INC.**



Principal Place of Business 226 WEST PAK PL STE 1A NEWARK, DE 19711 US	Mailing Address 226 WEST PARK PL STE 1A NEWARK, DE 19711 US
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**DO NOT WRITE IN THIS SPACE**

10001010



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0232320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BENJAMIN, CHARLES D.  
 ONE FINANCIAL PLAZA  
 C/O BENJAMIN GROUP  
 FT. LAUDERDALE, FL 33394

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUI, P., T. 511 PENN MANOR-CHANG DR. NEWARK, DE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUI, H., C. 511 PENN MANOR/CHANG DR. NEWARK, DE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 title empowered.

**SIGNATURE:** Robert Chang **ROBERT CHANG** 1/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #