


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-29-2004 90275 004 ***150.00

DOCUMENT # 593897
 1. Entity Name
COLORFORM CUSTOM LAB., INC.



Principal Place of Business Mailing Address
4269 N. ST. RD. 7 **4269 N. ST. RD. 7**
LAUDERDALE LAKES FL 33319 **LAUDERDALE LAKES FL 33319**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-1980253 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
OVRI CHONG YOU
6720 SW 20TH ST.
PLANTATION FL 33317

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHIN, CORAL J	
STREET ADDRESS	7816 RAMONA ST.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KONG, PHILLIP	
STREET ADDRESS	16256 SW 16 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YOU, CHONG OVRIL	
STREET ADDRESS	6720 SW 20 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KONG, PHILLIP D.	
STREET ADDRESS	16256 SW 16 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLINE KONG	
STREET ADDRESS	16256 SW 16 th ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33027	
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: Phillip Kong ; PHILLIP KONG 4/26/04 (954) 484-6737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #