

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000005346 1. Entity Name CHOW CONSULTING, INC.	
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Principal Place of Business 12225 S DIXIE HWY MIAMI, FL 33156	Mailing Address 12225 S DIXIE HWY MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0986683	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEE, STEVEN P ESQ.
1699 CORAL WAY
SUITE 502
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

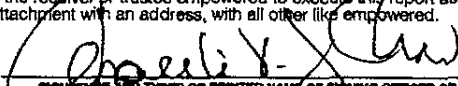
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000097687 03/29/04-80011-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHOW, GEE M 7950 SW 94 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUZA-CHOW, ARACELI V 7950 SW 94 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:  **3/26/04** **786** **5731234**
Signature and typed or printed name of signing officer or director Date Daytime Phone if

CK* 1402