

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027484

Entity Name: PI CHOPSTIX, INC.

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

4300 WEST LAKE MARY BLVD  
SUITE 1020  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

910 STILL WELL LANE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 02-0569796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HO, EUNICE  
910 STILLWELL LANE  
LAKE MARY, FL 32746 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HO, EUNICE  
Address: 910 STILLWELL LN  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUNICE HO

PD

03/23/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date