2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # P03000051327 1. Entity Name HO GUI, INC.						С)4-22-2004 	90063 03	50 ***150	.00
Principal Place of Business 3660 SW 195TH AVENUE MIRAMAR, FL 33029-6887			Mailing Address 3660 SW 195TH AVENUE MIRAMAR, FL 33029-6887			24051201				
2. Principal Place of Business 19/1/ COLLINS AVE. Suite, Apt. #, etc.			3. Mailing Address 1911 Lol UNS AVE. Suite, Apt. #, etc.							
Act a co	30	03		2003	-	162004	Chg-P	CR2E0	34 (10/03)	
SUNN	Y-ISLES	Bex. FL	JUNNY-IJ	LES Ben.	FL "	Number C	0571	76		plied For Applicable
3314		TA-	33/60	USA	5. (Certificate of S	tatus Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name and Address of										
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 inapplicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
After Ma	ay 1, 2004 Fee	s \$150.00 will be \$550.00			Added to	Fees				
10.	D	OFFICERS AND D	IRECTORS Delete	11.	AC	DITIONS/CH	ANGES TO OF	FICERS AND	DIRECTORS	N 11 ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	HOOKS, LEWIS 3660 SW 195TH MIRAMAR, FL 3	AVENUE	_ below	NAME STREET ADDRESS CITY-ST-ZIP	19111 SUN	COL	INS A	BEAL	4 soc	33/60
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indicated of the cor	I on this report or sup poration or the receiv , or on an allachment	plemental report is to er or trustee empow	his filing does not qualify for rue and accurate and that vered to execute this repor th all other like empowered	my signature shall h rt as required by Cha	have the same	legal effect as	if made under	oath; that I a ne appears ii	am an officer	or director Block 11 if
~·wi171	SIGNA	TURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICE	R OR DIRECTOR		'	bate		aytime Phone #	