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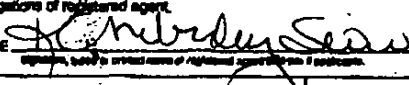
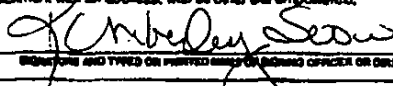
MEYERS CPA

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-02-2005 90005 050 ***150.00

DOCUMENT # P04000122681					
1. Entity Name KIMBERLEY SEOW INC.					
Principal Place of Business 1350 VELDA WAY WELLINGTON, FL 33414 US			Mailing Address 1350 VELDA WAY WELLINGTON, FL 33414 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4086151	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEOW, KIMBERLEY 1350 VELDA WAY WELLINGTON, FL 33414			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: 5/30/05					
NOTE: Registered Agent signature required when effecting change.					
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	SEOW, KIMBERLEY N	1350 VELDA WAY	WELLINGTON, FL 33414	Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statute. 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 the empowered.					
SIGNATURE: 				DATE: 5/30/05	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR				DATE	