

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000035070

**Entity Name:** TRI CHI, INC.

**Current Principal Place of Business:**

4250 PHILLIPS HWY  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4250 PHILLIPS HWY  
JACKSONVILLE, FL 32207 US

**FEI Number: 41-2134290**

**Certificate of Status Desired: No**

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

VO, TRI V  
6496 GINNIE SPRINGS RD.  
JACKSONVILLE, FL 32258 US

*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

**Officer/Director Detail :**

Title P  
Name VO, TRI V  
Address 6496 GINNIE SPRINGS RD.  
City-State-Zip: JACKSONVILLE FL 32258

Title VP  
Name PHAN, CHI T  
Address 8200 WHITE FALLS BLVD. 107  
City-State-Zip: JACKSONVILLE FL 32256

Title S  
Name PHAN, MARIAH  
Address 1927 FELCH AVE  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE: CHI PHAN**

**CO-OWNER**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date