2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # 411183** 1. Entity Name 04-12-2004 90662 044 ***150.00 CHANG REALTY INC Principal Place of Business Mailing Address C/O YAN YEU CHANG 360 16TH AVE SAN FRANCISCO CA 94118 C/O YAN YEU CHANG 360 16TH AVE SAN FRANCISCO CA 94118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State Applied For City & State 59-1615251 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YAU YEU CHANG, Street Address (P.O. Box Number is Not Acceptable) 5086 N.W. 5TH STREET **DELRAY BEACH FL 33445** City Zio 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE PD ☐ Delete TITLE CHANG, YAU YEU NAME NAME 360 16TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP ☐ Delete Change Addition TITLE CHANG, LAI KWAN NAME NAME 360 16TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP Delete -------©-- Change ☐ Addition TITLE . TITLE . . NAME: MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

CER OR DIRECTOR

Date

Daytime Phone #

FILED