## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F13297

Title:

Name:

Address:

City-St-Zip:

D.VP

(X) Delete

OGLESBY, RITA KWOH,

1846 COFFEE POT BLVD..NE

ST.PETERSBURG, FL 33704

Entity Name: H.S. KWOH & ASSOCIATES INC.

FILED Apr 21, 2008 Secretary of State

y		011 <b>4</b> 7.00001/1120, 1140.			
Current Pr	incipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	AVE N UNIT # SBURG, FL :				
Current Ma	ailing Addres	ss:	New Mailing Address:		
	AVE N UNIT # SBURG, FL 3				
FEI Number:	59-2047402	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
KWOH, HE 275 96 AVE #1 ST PETER		33702 US			
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KWOH, GEAN 275 96 AVENU		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( JOHNSON, RO 6160 MCLEND ALEXANDRIA,	ON CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KWOH, HENRY 275 96 AVENU		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( KWOH, KENT 316 WILDBER PITTSBURGH,	RY ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HENRY S. KWOH PRES 04/21/2008

() Change () Addition