2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # N00000004905 1. Entity Name 04-28-2004 90162 017 ****61.25 BOCA RATON CHINESE SCHOOL, INC. Principal Place of Business Mailing Address 23142 SANDALFOOT PLAZA DR. BOCA RATON FL 33428 23142 SANDALFOOT PLAZA DR. BOCA RATON FL 33428 94068634 2. Principal Place of Business 3. Mailing Address P.O. Box 272573 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Boca Raton City & State Applied For 4. FEI Number 65-1027636 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JANET-BRUTTELL, E.A. CHAO, JANE Street Address (P.O. Box Number is Not Acceptable) 3401 NORTH FEDERAL HIGHWAY SUITE 209 Pragram i **BOCA RATON FL 33431** Zip Code 33060 Pompano Beach, 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. JANET BRUTTELL SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD TITLE PRES TITLE Delete DEHMIN WU NAME 23142 SANDAL FOOT PLAZA DR. POBOX 272573 NAME POBOX 2725/3 STREET ADDRESS STREET ADDRESS Boca Raton, Ft 33427-2573 BOCA RATON FL 33428 Boca Raton Ff 33427 CITY-ST-ZIP CITY-ST-ZIP WANG, SINDY SINDY POBOX 272573 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS BOCA RATON-FL-33428---Boca Ratin Ft 33427 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition MEILAZ, JIN NAME NAME 23142 SANDALFOOT DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 fustee empowered to execute this report as required by Chapter 617, 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.

FILED