

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002550**  
 1. Entity Name  
**CONTEMPORARY CHINESES SCHOOL OF SOUTH FLORIDA, INC.**



Principal Place of Business  
 23165 OLD INLE BRIDGE DR.  
 BOCA RATON, FL 33433

Mailing Address  
 11003 N.W. 18TH PLACE  
 PLANTATION, FL 33322



04112004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0587591 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HE, MATTHEW  
 11003 N.W. 18TH PLACE  
 PLANTATION, FL 33322

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **May 4, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000122778  
 04/21/04-80042-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINGZHOU, DING 1301 N.W. 14TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HU, QING 23165 OLD INLE BRIDGE DR. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARLO, DAN 19 BAYTREE CIR. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GU, BINHE 2754 PENHALE CT. WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HE, MATTHEW DR. 11003 NW 18TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENHUI, HU 6904 SW 88 ST., F304 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

SIGNATURE: Matthew He  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 9541452-7426  
Date Daytime Phone #