

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000033451

1. Entity Name
EMERALD COAST WCH, INC.



Principal Place of Business
**7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON, FL 33433**

Mailing Address
**700 S FEDERAL HWY
STE 200-SZG
BOCA RATON, FL 33432**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1012709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
700 S FEDERAL HWY STE 200
BOCA RATON, FL 33432**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, DAVID
STREET ADDRESS	206 LANDINGS BLVD
CITY- ST- ZIP	WESTON, FL 33327
TITLE	VP
NAME	CHIN, RICHARD
STREET ADDRESS	2439 EAGLE RUN WAY
CITY- ST- ZIP	WESTON, FL 33327
TITLE	ST
NAME	HUANG, CHAO-JUEI
STREET ADDRESS	11836 NW 12TH MANOR
CITY- ST- ZIP	CORAL SPRINGS, FL 33071

**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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #