

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000073905</b> 1. Entity Name CHOY FAMILY, CORP.	
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Principal Place of Business 2479 WEST 72ND PLACE HIALEAH, FL 33016	Mailing Address 2479 WEST 72ND PLACE HIALEAH, FL 33016
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2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03122008    Chg-P    CR2E034 (12/06)

4. FEI Number <b>65-1028647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CHOY, ESTEBAN 2479 WEST 72ND PLACE HIALEAH, FL 33016	7. Name and Address of New Registered Agent  Name Street Address (P O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD <input type="checkbox"/> Delete	TITLE		TITLE			
NAME	CHOY, ESTEBAN	NAME		NAME			
STREET ADDRESS	2479 WEST 72ND PLACE	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			

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04/03/08-80081-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ESTEBAN CHOY      3/13/2008      305-362-9139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Mailing Phone #