


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000083870
 1. Entity Name
CHEN'S BROTHERS, INCORPORATED



Principal Place of Business Mailing Address
 2572 WOODGATE BLVD., #104 2572 WOODGATE BLVD., #104
 ORLANDO, FL 32822 ORLANDO, FL 32822

2. Principal Place of Business 3. Mailing Address
 Suite, apt #, etc. Suite, Apt #, etc.
 City & State City & State
 Zip Zip Country Country



03172004 Chg-P CR2E034 (10/03)

5. Name and Address of Current Registered Agent

BUN CHEN, MIN
 2572 WOODGATE BLVD., #104
 ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers Not Acceptable)
 City **FL** Zip Code

8. I, the 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 (NOT Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-STATE	PD CHEN, MIN BUN 2572 WOODGATE BLVD., #104 ORLANDO, FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE	VPD CHEN, BEN HUI 2572 WOODGATE BLVD., #104 ORLANDO, FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE	VPD CHEN, QUAN GUAN 2572 WOODGATE BLVD., #104 ORLANDO, FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000094911
 03/24/04-80011-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information furnished in 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 of this report or an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* Date: 3-21-04 Lifetime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR