2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # P01000005146 CHA CONSULTING, INC. Principal Place of Business Mailing Address 2113 N.W. 108 AVENUE 2113 N.W. 108 AVENUE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 04192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 65-1067361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAK, CHARLES DO NOT WRITE 2113 NW 108 AVE CORAL SPRINGS, FL 33071 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000127679 Trust Fund Contribution. Added to Fees <u>04/26/04-80096</u>-031 150.00 OFFICERS AND DIRECTORS 10. TITLE HAK, CHARLES NAME STREET ADDRESS 2113 N.W. 108 AVENUE CITY-ST-ZIP CORAL SPRINGS, FL 33071 NAME STREET ADDRESS CITY ST-ZIP TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 it 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:火

NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED