


2002-04

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 JAN 12 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020413 1. Entity Name NGE & ASSOCIATES, INC	
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DO NOT WRITE IN THIS SPACE

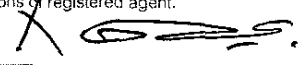
2. Principal Place of Business 18939 LACOSTA LANE Suite, Apt. #, etc.	3. Mailing Address 539 N MILLS AVE Suite, Apt. #, etc.
City & State BOCA RATON, FL	City & State ORLANDO, FL
Zip 33496	Country
Zip 32803	Country

600026639576
01/12/04--01004--014 ***450.00

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02-04

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3698360	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name CHRISTINE CHEW	Street Address (P.O. Box Number is Not Acceptable) 539 N MILLS AVE City ORLANDO FL Zip Code 32803

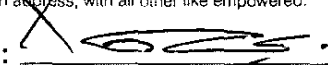
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAUNG NGE/ PRESIDENT 18939 LACOSTA LANE BOCA RATON, FL33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 # _____

CR2E034B (12/02)

TA

NGE & ASSOCIATES, INC.

539 N Mills Ave
Orlando, FL 32803

Dec 29, 2003

Florida Department of State
P.O. BOX 6327
Tallahassee, FL 32314

SUBJECT: Annual Report for 2002-2004

DOCUMENT NUMBER: P01000020413

To whom it may concern,

Please note that since 2002 we haven't received Annual Reports due to the mailing address changed. Our mailing address has changed to 539 N Mills Ave, Orlando, FL 32803.

Enclosed please find the check of \$450.00 for filing fees from year 2002 and 2004. It would be highly appreciated if you could kindly waive the penalty and update your record. Thank you.

Sincerely yours



MAUNG NGE / President