2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: A

Mar 16, 2004 8:00 am **Secretary of State DOCUMENT # P01000024279** 1. Entity Name 03-16-2004 90038 006 ***150.00 MOY & CHEE, INC. Principal Place of Business Mailing Address **7491 NW 42ND STREET** 7491 NW 42ND STREET **UVAUGUP**E LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 80-0037114 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYOUNG CHEE, CONRAD 7491 NW 42ND STREET Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 City Zip Code FI 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 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Delete TITLE ☐ Change ☐ Addition MOY, KIN NAME NAME 7491 NW 42ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE DVT ☐ Delete TITLE Change Addition CHEE, CONRAD A NAME NAME 7491 NW 42ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP ☐ Delete ☐ Change Addition AYOUNG CHEET ROSE ANN NAME STREET ADDRESS 7491 NW 42ND STREET STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED