

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90064 007 \*\*\*150.00

05-05-2004 90222 015 \*\*\*150.00

**DOCUMENT # P01000039714**

1. Entity Name

CHY INC.



Principal Place of Business

1855 NE 163RD ST. NORTH  
MIAMI BCH, FL 33162

Mailing Address

1855 NE 163RD ST. NORTH  
MIAMI BCH, FL 33162



04282004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1096288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAN, QUING H  
1221 NORTH DR.  
N. MIAMI BCH, FL 33179

**DO NOT WRITE  
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

**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	PD
NAME	PENG, CHIEN C
STREET ADDRESS	15893 NW 16TH CT.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	TD
NAME	PAN, QUING H
STREET ADDRESS	1221 N. DRIVE
CITY-ST-ZIP	N. MIAMI BCH, FL 33179
TITLE	SD
NAME	PAN, QUING Y
STREET ADDRESS	20435 NE 19TH CT.
CITY-ST-ZIP	N. MIAMI BCH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** ☒

*QUING H. PAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #