FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90147 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047189 (2)

1. Entity Name
CANCHI BON, INC.

Principal Place of Business	Mailing Address
515 NORTH FLAGLER DRIVE UNIT #300-P WEST PALM BEACH FL 33401	3518 GRIFFITH STREET ST. LAURENT, QUEBEC H4T1A7

[redacted]

2. Principal Place of Business	3. Mailing Address
3518 Griffith Street	3518 Griffith Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St-Laurent, QC	City & State: St-Laurent, Quebec
Zip: H4T-1A7 Country: Canada	Zip: H4T-1A7 Country: Canada

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1105475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: BRAHM D. LEVINE
Street Address (P.O. Box Number is Not Acceptable): 515 N. FLAGLER DR. #300-P
City: WEST PALM BEACH FL Zip Code 33401

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]
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHEUNG, PO KWAN 515 NORTH FLAGLER DRIVE UNIT #300-P WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 3518 GRIFFITH ST. ST. LAURENT, QUEBEC H4T 1A7 CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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APR 14 ENT'D

CR2E034 (10/02)

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: X SIGNATURE REQUIRED 4-1-03 514-633-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #