

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90031 021 ***150.00

DOCUMENT # P01000108368 1. Entity Name CHUM-KING INCORPORATED			
Principal Place of Business 10688 PLAINVIEW CIRCLE BOCA RATON, FL 33498		Mailing Address 10688 PLAINVIEW CIRCLE BOCA RATON, FL 33498	
2. Principal Place of Business 300 So. Pine Island Rd. Suite, Apt. #, etc. 110		3. Mailing Address 300 So. Pine Island Rd. Suite, Apt. #, etc. 110	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324		Zip 33324	
Country		Country	
4. FEI Number 65-1152470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JELASO, MARC 10688 PLAINVIEW CIR BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name Steven P. Fischer, CPA Street Address (P.O. Box Number is Not Acceptable) 300 So. Pine Island Road Suite 110 City Plantation FL Zip Code 33324	
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 		Steven P. Fischer	
(NOTE: Registered Agent signature required when reinstating)		February 19, 2004	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD JELASO, MARC 10688 PLAINVIEW CIRCLE BOCA RATON, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REJAK, LAWRENCE 207 KOTT STREET OCEANSIDE, NY 11572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KASH, ERIC 4 MAPLE DR GREAT NECK, NY 11021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Marc Jelaso	
(NOTE: Registered Agent signature required when reinstating)		2/29/04 (561) 766-5868	