

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2004 08:00 AM**

**Secretary of State**

**DOCUMENT # P02000032964**

**1. Entity Name**  
**CHAN'S HOMESTEAD FARM, INC.**



**Principal Place of Business**

**31251 S.W. 227 AVENUE  
HOMESTEAD, FL 33030**

**Mailing Address**

**P.O. BOX 901289  
HOMESTEAD, FL 33090-1289**



**02162004 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0721325**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CHAN, CHAU PING  
31251 S.W. 227 AVENUE  
HOMESTEAD, FL 33030**

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**CHAN, CHAU PING**  
**31251 S.W. 227 AVENUE**  
**HOMESTEAD, FL 33030**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**CHAN, MING**  
**31251 S.W. 227 AVENUE**  
**HOMESTEAD, FL 33030**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**000000067688**  
**02/27/04-80010-002 150.00**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/16/2004**

**(646) 387-2809**