

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000064001 1. Entity Name LAM AND CHEN INCORPORATED																													
Principal Place of Business 18999 BISCAYNE BLVD., SUITE 205 AVENTURA, FL 33180				Mailing Address 18999 BISCAYNE BLVD., SUITE 205 AVENTURA, FL 33180																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 81-0556565																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																									
6. Name and Address of Current Registered Agent LAM, SUI HING 4680 W. 13TH LANE, #326 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when re-filing) Signature typed or printed name of registered agent and title if applicable. _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PO</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAM, SUI HING</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4680 W. 13TH LANE, #326</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HIALEAH, FL 33012</td> <td></td> </tr> </table>			TITLE	PO	<input type="checkbox"/> Delete	NAME	LAM, SUI HING		STREET ADDRESS	4680 W. 13TH LANE, #326		CITY- ST- ZIP	HIALEAH, FL 33012		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>000000351825</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>05/03/05-80003-006 150.00</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	000000351825		CITY- ST- ZIP	05/03/05-80003-006 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4-27-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													