2004 FOR PROFIT CORPORATION

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-05-2004 90059 023 ***158.75 DOCUMENT # P02000072899 1. Entity Name KENNETH CHONG & ASSOCIATES, INC. 94043478 Principal Place of Business Mailing Address 7463 N.W. 70TH AVENUE 7463 N.W. 70TH AVENUE PARKLAND, FL 33067 PARKLAND, FL 33067 2. Principal Place of Business 3. Mailing Address 10136 Oak Mendow Lane 10136 Dale Mendow Lane Suite, Apt. #, etc Suite, Apt. #, etc. 04022004 city & State Worth City & State 4. FEI Number Applied For Lake Worth 38-3655237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth CHONG, KENNETH 7463 NW 70TH AVE Street Address (P.O. Box Number is Not Acceptable PARKLAND, FL 33067 10136 Oak Merdow Lane City Lake Worth. 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 reaistered agent. SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Kenneth Chong 10136 Oak Merdow Lave Lake Worth, FC 33467 TITLE -.Р TITLE Delete NAME CHONG, KENNETH NAME STREET ADDRESS 7463 N.W. 70TH AVENUE STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP 5 Christina, Chong TITLE ☐ Delete TITLE CHONG, CHRISTINA NAME NAME 10136 Oak Mendow lan STREET ADDRESS 7463 N.W. 70TH AVENUE STREET ADDRESS Like Worth, FC 33467 CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED