

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90051 011 \*\*\*150.00

DOCUMENT # P02000082919

1. Entity Name  
CHOP STIX AT SANTA ROSA, INC.



Principal Place of Business

4942 HIGHWAY 98 W.  
SUITE 7  
SANTA ROSA, FL 32459

Mailing Address

4942 HIGHWAY 98 W.  
SUITE 7  
SANTA ROSA, FL 32459



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
16-1620416

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

CHAU, AGNES ESQ  
1801 E. COLONIAL DRIVE  
SUITE 168  
ORLANDO, FL 32803

**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]*  
Signature (type or printed name of registered agent and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan 15 2004*

**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  
PD  
SHI, QUN  
4942 HIGHWAY 98 W., SUITE 7  
SANTA ROSA BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
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CITY - ST - ZIP

**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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 15 2004*