2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P02000084412 1. Entity Name YIM & CHEN, INC.					04-28-2004 90189 036 ***150.00			
Principal Place of Business Mailing Address								
657 NW 48TH AVENUE		657 NW 48TH AVENUE						
DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 334		3442						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 33-1019			pplied For ot Applicable	
Zip Country		Zip Country		5. Certificate of	of Status Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Age		gistered Agent		1	Address of New R	ree nequile	90	
				Name				
YIM, KELVIN 657 NW 48TH AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
DEERFIELD BEACH, FL 33442								
, 40, 1 4		City			FL Zip Coo			
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				55.00 May Be added to Fees				
10.			11.	ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE NAME	P	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	657 NW 48TH AVENUE		STREET ADDRESS			•		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP					
TITLE	VP CHEN, SHEN GUAN	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	657 NW 48TH AVENUE		NAME STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP					
LILLE	S—————————————————————————————————————	Delete	TITLE		- 124 -	Change Change	Addition	
NAME Street address	657 NW 48TH AVENUE		NAME STREET ADDRESS			•		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby c	certify that the information supplied with this	s filing does not qualify for th	e exemption stated in	Section 119.07(3)(i)	, Florida Statutes.	further certify that the	information	
of the corp changed,	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an atlachment with anjacdress, with	e and accurate and that my red to execute this report as all other like empowered.	required by Chapter 6	ie same iegal effect 307, Florida Statutes	as it made under o ; and that my name	pain; that I am an office e appears in Block 10 c	r or director or Block 11 if	