


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

| | |
|-----------------------------------|---|
| DOCUMENT # P03000020173 |  |
| 1. Entity Name TSUI CHOW, INC. | |

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| Principal Place of Business 3846-3852 NORTHLAKE BLVD. PALM BCH GARDENS, FL 33403 | Mailing Address 3846-3852 NORTHLAKE BLVD. PALM BCH GARDENS, FL 33403 |
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 34-1975097 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|-------------------------------|
| 6. Name and Address of Current Registered Agent TSUI, KWAN M 1035 ASPRI WAY PALM BCH GARDENS, FL 33418 | 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Signature, typed or printed name of registered agent and title if applicable

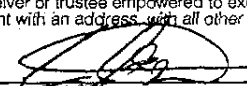
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TSUI, KWAN M 1035 ASPRI WAY PALM BCH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHOW, WILLIAM 128 COCO PLUM CIR. ROYAL PALM BCH, FL 33411 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LAW, KIU YUK 3846 NORTHLAKE BLVD. PALM BCH GARDENS, FL 33403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/17/05-80039-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **2/14/05** **(561) 799-6868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #