2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000062388** 04-11-2005 90158 032 ***150.00 JULIÉ-CHIN-SHUE, INCORPORATED CHINSHUE Principal Place of Business Mailing Address 6346 BENGAL CIRCLE BOYNFON BEACH, FL 33437 6346 BENGAL CIRCLE BOYNTON BEACH, FL 33437 2. Principal Place of Business 3. Mailing Address 5085 Forest Dale Dr 5085 Forest Dale Drive Suite Ant. #. etc. Suite, Apt. #, etc 01312005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ake Worth ake Worth 02-0694733 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Julie Chinshue 5085 Forest Dale Dr. SHUE, JULIE CHIN Street Address (P.O. Box Number is Not Acceptable) 6346 BENGAL CIRCLE BOYNTON BEACH, FL 33437 Lakeworth, Fz. 33467 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ TITLE Delete 5085 FOREST DAKE DR SPICE WHE CHIN NAME NAME STREET ADDRESS 6346 BENGAL CIRCLE STREET ADDRESS AKE WORTH, F1 33467 CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Attdition CHINSHUF, PATRICIC 5085 FOREST DACE DA STREET ADDRESS STREET ADDRESS CAKE WORTH, F133467 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. Delete TELLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition 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 supplied entail 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 exprowered 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 Tulic Chinshue \$15/06 (561)432-973 SIGNATURE

FILED

Apr 11, 2005 8:00 am