

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90076 017 ***150.00

DOCUMENT # P03000062388 1. Entity Name JULIE CHIN SHUE, INCORPORATED			
Principal Place of Business 5085 FOREST DALE DR BOYNTON BEACH, FL 33437		Mailing Address 5085 FOREST DALE DR BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box # Julie Chinshue		3. Mailing Address Julie Chinshue	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33467		Zip 33467	
Country 		Country 	
4. FEI Number 02-0694733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Chinshue -CHINSUE, JULIE 5085 FOREST DALE DR LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when restate) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Chinshue -CHINSUE, JULIE 5085 FOREST DALE DR LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Chinshue, Julie Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chinshue CHINSUE, PATRICK 5085 FOREST DALE DR LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chinshue, Patrick Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Julie Chinshue</u> 1/31/07 (601)432-9731			