2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # P03000101980 04 DEC 20 AM II: 06 Chi Flow, Corp SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address Palmas 1755 N. Suite, Apt. #, etc. Flaglie 8550 Suite, Apt. #, etc. CR2E034 (10/03) 05182004 Applied For City & State 4. FEI Number 76-0741353 TZ Not Applicable ותמודי Country () SA \$8.75 Additional 90028  $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EsTorel Street Address (P.O. Box Number is Not Acceptable) 5) *955*0 W. City FL Minn. with, and accept 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 familian the obligations of registered ages Visa SIGNATURE. \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Chance Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP Addition MILE ☐ Change ☐ Defete TMLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 50028-TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP Addition TITLE Detete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-51-7IP

12. Thereby 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 witigan address, with all other like empowered.

Chi Flow, Corp. 1755 N. Las Palmas Loa Angeles, CA 90028

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: P03000101980

I am writing to you because I did not receive the 2004 annual report for my business. I became aware of your new change in procedures when I contacted your office. I do not recall receiving the post card alerting the annual report. I ask that you please waive the penalty and accept my renewal fee in the amount of \$150.00, since I do not have the money to pay for the penalty. I hope that you take this all into consideration.

Thanking you in advance for your cooperation with this matter,

Luisa Estevez

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