2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2004 8:00 am Secretary of State

1. Entity Name		To and the second		05-27-20	04 90014 00)1 ***15	0.00			
Principal Place	e of Business	Mailing Address	1							
2591 SW 719	ST TERR	2591 SW 71ST TERR								
412 PLANTATION, FL 33317 US PLANTATION, FL 33317			US			2 <i>4</i>	07720			
2. Principal Pl 8/62 Suite, Apt.	NW 17 MANOR	3. Mailing Address 8/67 NW / Suite, Apt. #, etc.	7 MAN	ve						
BUILD	12		03192003	Chg-P	CR2E034					
City & State PUNT	ATION, FL	PLANTATION	, FL		4. FEI Numbe	1067		Not	plied For Applicable	
7772 2	Country	33322	Country		5. Certificate	of Status Desire		8.75 Addi ee Required		
	6. Name and Address of Current I	Registered Agent	Name		7. Name and	Address of Nev	v Registered Ag	jent		
CHANG, EDGAR C 2591 SW 71ST TERR				Street Address (P.O. Box Number is Not Acceptable)						
412 PLANTATI	8/62 NW 17 MANOR BUILD. #12									
					TATION		FL	Zip Code	22	
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.										
919NATURE - 05-25/2004										
	Signature, typed or printed name of registered agent a		egistered Agent signatu	ire required	when reinstating)		DATE			
	150.00 LE NOW!!! FEE IS \$ 550.0 0 ue by September 8, 2004	9. Election Campaign Trust Fund Contribu		\$5. 4	00 May Be ed to Fees					
10.	OFFICERS AND		11.	0.		CHANGES TO C				
TITLE NAME	P CHANG, EDGAR C	🗹 Delete	TITLE NAME	PS CHAI	NG, EDGA	R C. 7 MMVOR		Change	Addition	
STREET ADDRESS	2591 SW 71ST TERR			816	2 NW 1	J WWO!	100100	.412		
CITY-ST-ZIP	PLANTATION, FL 33317	C7	CITY-ST-ZIP	γG	74 177 7 1 C	N, FI		C'L Change	Addition	
title Name		☐ Delete	title Name					to large	AUGILIUM	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP TITLE	:	Delete	TITLE_					1. Chance_	. Addition.	
NAME		and a state of the	NAME			•			_	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			name Street address							
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	<u> </u>	*********					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Elgar Chang 05-25/04 (754) 367-6769 Date Daytime Phone #										
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