

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035070

Entity Name: TRI CHI, INC.

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

11900 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

4250 PHILLIPS HWY
JACKSONVILLE, FL 32207 US

Current Mailing Address:

11900 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Mailing Address:

6496 GINNIE SPRINGS RD.
JACKSONVILLE, FL 32258 US

FEI Number: 41-2134290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOMER, GEORGE M III
4429 COUNTY ROAD 218 WEST
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

VO, TRI V
6496 GINNIE SPRINGS RD.
JACKSONVILLE, FL 32258 US

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.

SIGNATURE: TRI V. VO

02/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VO, TRI V
Address: 6120-10 POWERS AVE STE 206
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: VP () Delete
Name: PHAN, CHI T
Address: 1927 FELCH AVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VO, TRI V
Address: 6496 GINNIE SPRINGS RD.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: PHAN, LENH Q
Address: 6496 GINNIE SPRINGS RD.
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S () Change (X) Addition
Name: PHAN, MARIAH
Address: 1927 FELCH AVE
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRI V. VO

P

02/22/2008

Electronic Signature of Signing Officer or Director

Date