

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000074918

1. Entity Name

LISA CHO INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11364 MCNALLY DRIVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State SPRING HILL, FL	City & State
Zip 34609	Country

3. Mailing Address

Suite, Apt. #, etc.

4/ FILED
Apr 28, 2006 8:00 am
Secretary of State

04-13-2006 90307 032 ***150.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2876725	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JUI FONG MULLEN

Street Address (P.O. Box Number is Not Acceptable)
11364 MCNALLY DR.

City
SPRING HILL

FL Zip Code
34609

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

January 1: May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE PRESIDENT
NAME JUI FONG MULLEN
STREET ADDRESS 11364 MCNALLY DR.
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jui Fong Mullen 352-797-0833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #