

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90013 034 \*\*\*150.00

**DOCUMENT # P93000000031**

1. Entity Name

**FIRSTEX INVESTMENT CORPORATION**



Principal Place of Business

12121 PHILIPS HWY  
JACKSONVILLE FL 32256  
US

Mailing Address

9975 VINEYARD LAKE DR  
JACKSONVILLE FL 32256  
US

66413485



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8207 CHESTER LAKE RD. N.

Suite, Apt. #, etc.

8207 CHESTER LAKE RD. N.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32256

Country

U.S.A.

Zip

32256

Country

U.S.A.

4. FEI Number

59-3157019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DARGUAM, CHENG  
9975 VINEYARD LAKE RD E  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name DARGUAM CHENG

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

8207 CHESTER LAKE RD. N.

City

JACKSONVILLE

FL

Zip Code

32256

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

*Cheng*

DARGUAM CHENG

3/26/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHENG, DAR-GUAM	
STREET ADDRESS	9975 VINEYARD LAKE DR E.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CHENG, TRA-JOY Y	
STREET ADDRESS	9975 VINEYARD LAKE RD E	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHENG, TRA-JOY Y	
STREET ADDRESS	9975 VINEYARD LAKE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cheng*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/04 (904) 538-9708  
Date Daytime Phone #