2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Mar 03, 2004 08:00 AM Secretary of State DOCUMENT # P93000038981 1. Entity Name LOUISA NG. INC. Principal Place of Business Mailing Address 3313 HOLLYWOOD OAKS DR 6000 GLADES ROAD HOLLYWOOD FL 33312 #217 **BOCA RATON FL 33431-7204** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0414382 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NG. LOUISA Street Address (P.O. Box Number is Not Acceptable) 3313 HOLLYWOOD OAKS DR **HOLLYWOOD FL 33312** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Defete TITLE NG, LOUISA NAME NAME 3313 HOLLYWOOD OAKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33312 Delete TITLE Change Addition TITLE U00000074542 NAME NG, JERRY NAME 03/03/04-80024-005 150.00 3313 HOLLYWOOD OAKS DR STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33312 CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR