2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

ANNUAL REPURT				Secretary of State	
DOCUMENT # P95000078553			1	coroury or state	
1. Entity Nan CHOW'S	ENTERPRISE, INC.				
1					
Principal Plac	ce of Business	Mailing Address			
3260 N. HWY. 17/92, SUITE 100 3260 N. HWY. 17/92, SUITE 10			100		
	, FL 32750	LONGWOOD, FL 32750			
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				01052005 No Chg-P	CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
				59-3336476	Not Applicable
				5. Certificate of Status Desire	d 🗆 \$8.75 Additional Fee Required
	6. Name and Address of Current P	egistered Agent		Language project of the control of	panjage in proper to the first the first
CHOW, J		 		DO NOT	
3260 N. HWY. 17/92, SUITE 100 LONGWOOD, FL 32750		-	Films the said		
LONGWO	OD, FL 32730			IN THIS S	PACE
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	e named entity submits this statement for	the purpose of changing its register	red office or register	red agent, or both, in the State o	Florida. I am familiar with, and accept
the obliga	tions of registered agent.	-			
SIGNATURE.	Signature, typed or printed name of registered agent an	d title # applicable. (NOTE, Registe	red Agent signature required	when reinstating)	DATE
		9. Election Campaign Fin.	encina &5	.00 May Be	
	.E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.0	To 5 of O 4.55 Had	a.	led to Fees	
10.	OFFICERS AND D	URECTORS	Hillian in		
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CITY-ST-ZIP	SANFORD, FL 32771	<u> </u>			1322837
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15. 05 (407)321-6877