

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000038028

**FILED**  
**Jan 17, 2007**  
**Secretary of State**

**Entity Name:** THE LAW OFFICE OF MAY-WONG CHOU, P.A.

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 249  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 417  
BONITA SPRINGS, FL 34134 US

**Current Mailing Address:**

PO BOX 366909  
BONITA SPRINGS, FL 341366909 US

**New Mailing Address:**

**FEI Number:** 59-3376565      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHOU, MAY-WONG  
27499 RIVERVIEW CENTER BOULEVARD  
SUITE 249  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

CHOU, MAY-WONG  
27499 RIVERVIEW CENTER BOULEVARD  
SUITE 417  
BONITA SPRINGS, FL 34134 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/17/2007

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: CHOU, MAY-WONG  
Address: 27499 RIVERVIEW CENTER BOULEVARD, STE. 249  
City-St-Zip: BONITA SPRINGS, FL 34134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: CHOU, MAY-WONG  
Address: 27499 RIVERVIEW CENTER BOULEVARD, STE. 417  
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MAY-WONG CHOU

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PVTS

01/17/2007

\_\_\_\_\_  
Date