

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90015 014 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

24077431



03152003 Chg-P CR2E034 (10/03)

4. FEI Number 59-3408360 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

G. SHEILA LO
309 SW MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name WEI LO
Street Address (P.O. Box Number is Not Acceptable)
209 HONEYTREE LANE
City FORT WALTON BEACH FL Zip Code 32548

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 *Wei Lo*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE 5/25/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LO, SHEILA G	
STREET ADDRESS	309 MIRACLE STRIP PKWY.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LO, WEI	
STREET ADDRESS	309 MIRACLE STRIP PARKWAY	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	209 HONEYTREE LANE	
STREET ADDRESS	209 HONEYTREE LANE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	209 HONEYTREE LANE	
STREET ADDRESS	209 HONEYTREE LANE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
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: *Wei Lo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/25/04 Daytime Phone #