
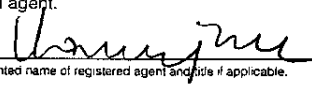


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # P97000040552					
1. Entity Name CHAU CORPORATION					
Principal Place of Business 3315 PAISLEY CIRCLE ORLANDO, FL 32817			Mailing Address 3315 PAISLEY CIRCLE ORLANDO, FL 32817		
2. Principal Place of Business 1287 N. Semoran Blvd.		3. Mailing Address 1287 N. Semoran Blvd.		11152004 Chg-P CR2E034 (10/03) <b>MRD</b>	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200		4. FEI Number 59-3455490	
City & State Orlando, Florida		City & State Orlando, Florida		Applied For Not Applicable	
Zip 32807	Country USA	Zip 32807	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAU, S 1287 N SEMORAN BLVD STE 200 ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name Nguyen, Truc Street Address (P.O. Box Number is Not Acceptable) 1287 North Semoran Boulevard Suite 200 City Orlando FL 32807		
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  DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAU, SON L 3315 PAISLEY CIRCLE ORLANDO, FL 32817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900043000019 11/24/04--01048--002 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, TRUC 3315 PAISLEY CIRCLE ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Nguyen, Truc 1287 Semoran Blvd, Suite 200 Orlando, Florida 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:  Thuan Nguyen, President

407-273-9410