


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000033506	
1. Entity Name AH-MING, INC.	

Principal Place of Business 264 NW 46 ST BOCA RATON, FL 33431 US	Mailing Address 264 NW 46 ST BOCA RATON, FL 33431 US
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DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3503189	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KUTCHINS, SCOTT S 264 NW 46 STREET BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUTCHINS, WALTER S 264 NW 46 STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUTCHINS, SCOTT S 264 NW 46 ST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRELMUTH, KRISTEN K 264 NW 46 STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/23/04-80003-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	7/19/04	561-393-6235
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>