

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038403

FILED
Apr 27, 2004
Secretary of State

Entity Name: CHINYE & CASSELLS, P.A.

Current Principal Place of Business:

4801 S UNIVERSITY DR
STE 118
FT LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4801 S UNIVERSITY DR
STE 118
FT LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 65-0834679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNETTE A. CASSELLS CPA
4801 S UNIVERSITY DR STE 268
FT LAUDERDALE, FL 33328

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASSELLS, ANNETTE A
Address: 4801 S UNIVERSITY DR STE 268
City-St-Zip: FT LAUDERDALE, FL 33328

Title: D () Delete
Name: CHINYE, TONY
Address: 1031 IVES DAIRY ROAD STE 127
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASSELLS, ANNETTE A
Address: 4801 S UNIVERSITY DR STE 268
City-St-Zip: FT LAUDERDALE, FL 33328

Title: PD (X) Change () Addition
Name: CHINYE, TONY
Address: 1525 N.W. 167TH STREET, SUITE 330
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNETTE CASSELLS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date