2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000064805

1. Entity Name

MEE & MUI INC.

FILED
04 SEP 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05182004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4174 East 4th Avenue Hialeah Fl 33013	4174 East 4th Avenue Hialeah Fl 33013

2. Principal Place of Business	3. Mailing Address
1234 West 44th Place	1234 West 44th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Floorida	City & State: Hialeah Florida
Zip 33012 Country U.S.A.	Zip 33012 Country U.S.A.

4. FEI Number 65-0944109 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUNG, SU CHYN 1475 West 46 Street #337 Hialeah Fl 33012	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Su Chyn Sung 9-15-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNG, SU CHYN 1475 West 46 St. #337 Hialeah Fl 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Su Chyn Sung 9/15/2004 (305) 362 9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #