
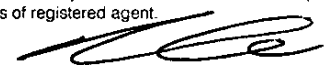
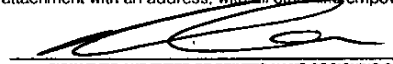


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90095 027 \*\*\*150.00

<b>DOCUMENT # P99000001301</b> 1. Entity Name <b>PATRICK CHIN SHUE, INC.</b>			
Principal Place of Business <b>6346 BENGAL CIRCLE BOYNTON BEACH, FL 33437</b>		Mailing Address <b>6346 BENGAL CIRCLE BOYNTON BEACH, FL 33437</b>	
2. Principal Place of Business <b>5085 Forest Dale Drive</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>LAKE WORTH FL</b>		City & State 	
Zip <b>33467</b>		Zip 	
Country <b>USA</b>		Country 	
4. FEI Number <b>65-0895507</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIN SHUE, PATRICK 6346 BENGAL CIRCLE BOYNTON BEACH, FL 33437</b>		7. Name and Address of New Registered Agent Name <b>CHIN SHUE, PATRICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>5085 Forest Dale Drive</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>	
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 <b>2/24/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHIN SHUE, PATRICK 6346 BENGAL CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5085 Forest Dale Drive LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHIN SHUE, JULIE 6346 BENGAL CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5085 Forest Dale Drive LAKE WORTH, FL 33467 <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
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: 		PATRICK CHIN SHUE <b>2/24/05</b> <b>561 439 8097</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	