2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2004 8:00 am Secretary of State

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DOCUL 1. Entity Nam CHUI CHI	MENT: # V43614			Sign as the sign of the sign o	-5 4 016670
Principal Place	e of Business	Mailing Address			· · + · + · · · · · · · · · · · · · · ·
7615 SOUT (539 N MILLS AVE			
ORLANDO, FI	L 32809 US	ORLANDO, FL 32803 US			
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DO NOT WRITE IN THIS SPACE			0E	4. FEI Number	Applied For
			A TANK	59-3125855	Not Applicable
		•			B.75 Additional
<u> </u>	6. Name and Address of Current Regi	stered Agent			
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8. The above named entity submits this patement 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.					
		•		77-04	
SIGNATURE	5 7700	AlOTE Paristers	* * * * * * * * * * * * * * * * * * *	3-7-04	
Signature, typed or place Count of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
10.	OFFICERS AND DIRE	CTORS		ing the second control of the second control	
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CITY-ST-ZIP	ORLANDO, FL 32837				Í
TITLE	D		1		. 1
NAME	CHUI. ANN MARIA				
STREET ADDRESS	14639 BRADDOCK OAK DR				1
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12. I hereby of indicated	certify that the information supplied with this I on this report or supplemental report is true	filing does not qualify for the exa and accurate and that my signal	mption stated in Se ture shall have the	ection 119.07(3)(i), Florida Statutes. I further certifi same legal effect as if made under cath; that I am 7, Florida Statutes; and that my name appears in E	that the information an officer or director
of the cor	poration or the receiver or trustee empower	ed to execute this report as requi	red by Chapter 60	7, Florida Statutes; and that my name appears in E	Block 10 or Block 11 if
unangeu,	, S. G. S. GILLO HIJOR WILL GIT GUCHESS, WIR	and officially		A	
SIGNAT	TURE: X Alas			3-7-94	
AIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					
					