


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 731115
 1. Entity Name
ON LEONG MERCHANT ASSOCIATION, INC.



Principal Place of Business Mailing Address
1750 W. FLAGLER ST **1750 W. FLAGLER ST**
MIAMI, FL 33135 **MIAMI, FL 33135**

DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-1705188 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WAI CHIU, MUI
1750 W FLAGLER STREET
MIAMI, FL 33135

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000419056
 02/14/06-80031-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WAI CHIU, MUI
STREET ADDRESS	780 E 39 STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	P
NAME	PAK CHOI, NG
STREET ADDRESS	1480 NW 96 AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VP
NAME	JACKY, YUEN
STREET ADDRESS	2172 NW 162 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	S
NAME	BO MAN, MUI
STREET ADDRESS	8953 NW 117 TERRACE
CITY-ST-ZIP	HIALEAH GARDEN, FL 33018
TITLE	T
NAME	WILLIAM, LEUNG
STREET ADDRESS	1859 NE 181 STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: William Leung Date 1-30-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #