


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90047 013 \*\*\*\*61.25

**DOCUMENT # 731115**

1. Entity Name  
**ON LEONG MERCHANT ASSOCIATION, INC.**



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

Mailing Address  
**1750 W. FLAGLER ST  
 MIAMI, FL 33135**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1705188**

Applied For  
 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**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **William Leung** 2-10-07 305 649 3309

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