

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

DOCUMENT# 731115

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

**Current Principal Place of Business:**

1750 W. FLAGLER ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1750 W. FLAGLER ST  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 59-1705188      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NG, JOHNSON  
1750 W FLAGLER STREET  
MIAMI, FL 33135    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TAM, SHUCK WAH  
Address: 1298 NE 160 STREET  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: P  
Name: KWAN, WING FAT M  
Address: 546 HIALEAH DRIVE  
City-St-Zip: HIALEAH, FL 33010

Title: C  
Name: MUI, WAI CHIU  
Address: 780 E 39 STREET  
City-St-Zip: HIALEAH, FL 33013

Title: S  
Name: NG, JOHNSON  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: T  
Name: LAU, CHAK YUEN  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: D  
Name: LOUKE, EDWARD  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHNSON NG

S

06/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date