

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90042 043 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M05724			
1. Entity Name CHUNG ENTERPRISES, INC.			
Principal Place of Business 4690 NW 167TH STREET MIAMI, FL 33054 US		Mailing Address 679 MIDDLE RIVER DR. FT LAUDERDALE, FL 33304 US	
2. Principal Place of Business - No P.O. Box # 5300 NW 163 STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI GARDENS, FL		City & State	
Zip 33014	Country US	Zip	Country
4. FEI Number 59-2468502		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUNG, BRIAN 4690 N.W. 167TH ST. MIAMI, FL 33054		7. Name and Address of New Registered Agent Name CHUNG, BRIAN Street Address (P.O. Box Number is Not Acceptable) 679 MIDDLE RIVER DR City FT LAUDERDALE FL Zip Code 33304	
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: Brian Chung PRES BRIAN CHUNG DATE: 4/30/07 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHUNG, BRIAN 4690 N.W. 167TH ST. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHUNG, BRIAN 679 MIDDLE RIVER DR FT LAUDERDALE, FL 33304 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHUNG, BELINDA 4690 NW 167TH ST. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHUNG, BELINDA 679 MIDDLE RIVER DR FT LAUDERDALE, FL 33304 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.			
SIGNATURE: Brian Chung PRES BRIAN CHUNG		DATE: 4/30/07 305.621.510	

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