FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90133 049 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M05724

1. Entity Name
CHUNG ENTERPRISES, INC.

Principal Place of Business
5300 NW 163 STREET
MIAMI GARDENS, FL 33014 US

Mailing Address
679 MIDDLE RIVER DR.
FT LAUDERDALE, FL 33304 US

04272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
4690 NW 167 STREET
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip 33054 Country US

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
679 MIDDLE RIVER DR.
FORT LAUDERDALE, FL 33304

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 X PRES/RA. BRIAN CHUNG X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 679 MIDDLE RIVER DR FORT LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHUNG, BELINDA 679 MIDDLE RIVER DR FORT LAUDERDALE, FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 607, 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 X Brian Chung PRESIDENT BRIAN CHUNG X 4/30/08 (305) 625-6731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #