


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000078383 1. Entity Name KONG FAMILY ENTERPRISES, INC.	
--	---

Principal Place of Business 1101 FLOTILLA CLUB DR. INDIAN HARBOUR BEACH, FL 32937	Mailing Address 1101 FLOTILLA CLUB DR. INDIAN HARBOUR BEACH, FL 32937
---	---



DO NOT WRITE IN THIS SPACE

03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3662852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KONG, SAMUEL S  
 201 HARBOR CITY PARKWAY #H446  
 INDIAN HARBOR BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

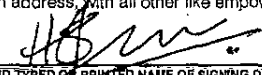
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KONG, SAMUEL S 201 HARBOR CITY PARKWAY #H446 INDIAN HARBOR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAW, LULIN 201 HARBOR CITY PARKWAY #H446 INDIAN HARBOR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000264709  
03/16/05-80027-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  03-14-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #