

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90180 003 ***150.00

DOCUMENT # P03000095339

1. Entity Name
3728 HWA CHEN, INC.



Principal Place of Business

8502 N ARMENIA AVE.,
1A
TAMPA, FL 33604

Mailing Address

8502 N ARMENIA AVE.,
1A
TAMPA, FL 33604

50044748



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0195263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHEN, PETER
8502 N ARMENIA AVE.,
1A
TAMPA, FL 33604

**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 _____
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, 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	P
NAME	CHEN, PETER
STREET ADDRESS	8502 N ARMENIA AVE., 1A
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	VP
NAME	TANG, ABELARDO T
STREET ADDRESS	8502 N ARMENIA AVE., #1A
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	S
NAME	LIANG CHEN, TAN
STREET ADDRESS	8502 N. ARMENIA AVE. 1A
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CHAN

4-29-05

Date

Daytime Phone #