

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90016 040 \*\*\*150.00

40044107



02022007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P93000030536</b> 1. Entity Name LEE KOON HUNG CHOY LAY FUT, INC.			
Principal Place of Business 5363 NORTH STATE RD. 7 FORT LAUDERDALE, FL 33319		Mailing Address 5363 NORTH STATE RD. 7 FORT LAUDERDALE, FL 33319	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 7748 NW 44TH ST City & State SUNRISE, FL Zip 33351		3. Mailing Address Suite, Apt. #, etc. 7748 NW 44TH ST City & State SUNRISE, FL Zip 33351	
4. FEI Number 65-0403881		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 LI, SIU HUNG 5365 N STATE RD 7 FORT LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name LI, SIU HUNG Street Address (P.O. Box Number is Not Acceptable) 7748 NW 44TH STREET City SUNRISE FL Zip Code 33351	
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: 		SIU HUNG LI, PRESIDENT	
Signature, typed or printed name of registered agent and title if applicable		DATE: 2/25/07	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LI, SIU HUNG 5365 N. STATE RD 7 FT. LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LI, SIU HUNG 7748 NW 44TH STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE: 		2/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		954-730-3688	
		Daytime Phone #	