

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2007 8:00 am
Secretary of State

04-26-2007 90202 003 ***150.00

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00010010

DOCUMENT # F83465

1. Entity Name
KING OF FANS, INC.



Principal Place of Business
**1951 NW 22ND STREET
FT. LAUDERDALE, FL 33311**

Mailing Address
**1951 NW 22ND STREET
FT. LAUDERDALE, FL 33311**



DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2198023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHN C BUCHER
1951 NW 22 ST
FT. LAUDERDALE, FL 33311**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WU, SHIH TZA
STREET ADDRESS	1951 NW 22ND STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	BUCHER, JOHN C
STREET ADDRESS	1951 NW 22ND STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	WU, TSAI HUI
STREET ADDRESS	1951 NW 22ND STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/07 954-4847500

Date

Daytime Phone #