

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000041146

**Entity Name:** LEN HAP FLORIDA, INC.

**Current Principal Place of Business:**

C/O PETER CHANG  
3055 NW 126 AVE, BUILDING 7 UNIT 222  
SUNRISE, FL 33323

**Current Mailing Address:**

C/O PETER CHANG  
3055 NW 126 AVE, BUILDING 7 UNIT 222  
SUNRISE, FL 33323

**FEI Number:** 27-2560344

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEE, ANN  
12268 NW 48TH DRIVE  
CORAL SPRINGS, FL 33076 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name CHANG, PETER  
Address 3055 NW 126 AVE. BUILDING 7 UNIT  
222  
City-State-Zip: SUNRISE FL 33323

Title D  
Name CHANG, HAZEL  
Address 3055 NW 126 AVE. BUILDING 7 UNIT  
222  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name CHANG, KRISTA L  
Address C/O PETER CHANG  
3055 NW 126 AVE, BUILDING 7 UNIT  
222  
City-State-Zip: SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER CHANG

**PRESIDENT**

**01/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date