

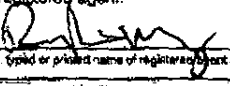
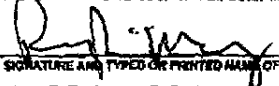
FROM :

FAX NO. : 9095947468

Jul. 29 2005 07:45AM P2

FILED

Aug 01, 2005 08:00 AM
Secretary of State2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 418075 1. Entity Name MING-CHIA, INC.			
Principal Place of Business 2411 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		Mailing Address 2411 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	
DO NOT WRITE IN THIS SPACE			
		 07292005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1435566 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANG, RUEY BIN 2411 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		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  DATE 7-29-05 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPY WANG, RUEY BIN 2411 S. FLORIDA AVE. LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVS WANG, RUEY BIN 2411 S. FLORIDA AVENUE LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVS WAYNG, HISU LING 2411 S. FLORIDA AVE. LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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		7-29-05 (863) 6889022 Date Daytime Phone #	