

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 569585 1. Entity Name BIG WHEEL SCHWINN, INC.			
Principal Place of Business 7029 TAFT ST HOLLYWOOD, FL 33024		Mailing Address 7029 TAFT ST HOLLYWOOD, FL 33024	
2. Principal Place of Business 7029 TAFT ST. Suite, Apt. #, etc.		3. Mailing Address 8981 S. Hollybrook BLVD. Suite, Apt. #, etc. # Bldg. 35, Apt. 103	
City & State HOLLYWOOD FLORIDA Zip 33024 Country USA.		City & State PEMBROKE PINES, FL Zip 33025 Country USA.	
4. FEI Number 59-1858477		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		08022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHIN, ANTHONY 910 SW 88TH WAY PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name June M. Chin Street Address (P.O. Box Number is Not Acceptable) 8981 S. Hollybrook Blvd., Bldg 35, Apt 103 City Pembroke Pines FL Zip Code 33025	
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 <u>June Chin</u> DATE 8-11-05 Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005	
TITLE	NAME	TITLE	NAME
	CHIN, ANTHONY		JUNE M. Chin Pres. & Treas.
STREET ADDRESS	910 SW 88TH WAY	STREET ADDRESS	8981 S. Hollybrook Blvd 330
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	CITY-ST-ZIP	Bldg 35 Apt 103. Pembroke Pines
	CHIN, SANDRA		EDMOND P. Chin V. Pres.
STREET ADDRESS	910 SW 88TH WAY	STREET ADDRESS	2900 NE. 45 ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	CITY-ST-ZIP	Lighthouse Pt. Flo. 33064
			Anthony Chin Secy
STREET ADDRESS		STREET ADDRESS	910 SW 88 Way.
CITY-ST-ZIP		CITY-ST-ZIP	Pembroke Pines Flo 33025
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: <u>June M. Chin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President 8/11/05 Date	

FILED

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SECRET
TALLAHASSEE, FL 32304



954-433-56