## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 17, 2005 8:00 am Secretary of State 02-17-2005 90020 001 \*\*\*150.00

Dayt me Phone #

DOCUMENT # 668319  1. Entity Name CHUNG FARMING ENTERPRISES, INC.						02-17-2005	90020 001 ***150	0.00
Principal Place of Business  5900 HOFFNER AVE ORLANDO, FL 32822  ORLANDO, FL 32822  ORLANDO, FL 32822								
Principal P	lace of Business	3. Mailing Address		····				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005	Chg-P	CR2E034 (10/03)	<b>                 </b>	
City & State		City & State			4. FEI Number		A	oplied For
Zip Country		Zip	Zip Country		59-2108	t Status Desired	¢0 75 A	
6. Name and Address of Current Registered Agent			<del>-</del>	7. Name and Address of New Registered Agent				
-				Name				
OLSEN, ROBERT W 2518 EDGEWATER DR OPLANDO EL 33803				Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32802								
,				City			FL Zip Cod	e
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, block or control name of registered and scent applicable.  INDIE Registered Agent agentaling.  DATE								
	च प्राप्तात्त्वः कुळ्ळ bi pre (स्व i i i m u c es) चरावाच बहुत्तव र	INCOME CALLICADE UNIO	THE HERGISTERIOR	i videur midicarenti vidalitari	(KS WHEN YEN SIAN NO.)		DAIF	
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees		•	:
10.	OFFICERS AND DIRECTORS 11		11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	DP	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	CHUNG, FU SHEN 5900 HOFFNER AVED			ET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL		CITY	ST-ZIP				
HAME		Delete	TITLE				☐ Change	Addition
STREET ADDRESS CATY ST-ZIP			1 "	FT ADDRESS SI-Zip				
TITLE		☐ Delete	TITLE		_		- Change	
HAME CINERA ADDRESS			HAME				<b>- 3</b> .	_
STREET ADDRESS CITY-ST-ZIP				SI-ZIP				
TITLE		☐ Defete	TITLE	- 1			Charige	Addition
NAME STREET ADDRESS			MAME	I ADDRESS				
CHY-\$1-ZP				ST-ZIP				
TITLE		☐ Delete	3171 E				☐ Change	Addition
NAME STREET ADDRESS		•	NAME STREE	T ADDRESS	-			
CITY-ST-ZIP				SI - ZiP				
TITLE		☐ Delete	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS				
CITY-ST-ZIP				-S1-ZiP				
of the coi	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address. Ye	owered to execute this repor	t as requir	nption stated in S ure shall have the ed by Chapter 60	Section 119.07(3)(i) e same legal effect 07, Florida Statutes	, Florida Statutes as if made under ; and that my nar	. I further certily that the intention of the lament officer the appears in Block 10 o	nformation or director r Block 11 if