



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90058 039 ***150.00

DOCUMENT # F15739 1. Entity Name FUNG WONG OF CHICAGO, INC.					
Principal Place of Business 9796 SW 8 STREET MIAMI, FL 33174-2902				Mailing Address 9796 SW 8 STREET MIAMI, FL 33174-2902	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02202004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-2068176		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				FL Zip Code	
6. Name and Address of Current Registered Agent WIEDER, ED 325 N KROME AVE HOMESTEAD, FL 33030					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP <input checked="" type="checkbox"/> Delete	NAME NG, BETTY		TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HIEN CONG NGUYEN	
STREET ADDRESS 7237 SW 145 ST CIRCLE	STREET ADDRESS MIAMI, FL 33174-2902		STREET ADDRESS 8881 SW 152 STREET	STREET ADDRESS MIAMI FL 33157	
CITY-ST-ZIP MIAMI, FL 33174-2902	CITY-ST-ZIP MIAMI, FL 33174-2902		CITY-ST-ZIP MIAMI FL 33157	CITY-ST-ZIP MIAMI FL 33157	
TITLE DS <input checked="" type="checkbox"/> Delete	NAME NG, ALLAN		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9796 SW 8 STREET	STREET ADDRESS MIAMI, FL 33174-2902		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Hien Cong Nguyen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/28/04 305-226-8032 <small>Date Daytime Phone #</small>		