


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F85422</b> 1. Entity Name FU HWA, INC.	
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Principal Place of Business  
1663 GEORGIA ST NE  
STE 200  
PALM BAY, FL 32907 US

Mailing Address  
1663 GEORGIA ST NE  
STE 200  
PALM BAY, FL 32907 US



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2377616	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MOALLEM, M DAVID  
1663 GEORGIA ST NE  
STE 200  
PALM BAY, FL 32907

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PVS
NAME	HUNG, MARTHA WU
STREET ADDRESS	925 N TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000350349  
05/02/05-80101-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*M. D. Moalle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

321-724-2424

Date

Daytime Phone #