2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 07, 2007 8:00 am Secretary of State DOCUMENT # H87213 1. Entity Name 05-07-2007 90052 006 ***150.00 FU WAH, INC. Principal Place of Business Mailing Address 1157 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 1157 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2582281 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CHIU, JOHN Street Address (P.O. Box Number is Not Acceptable) 1930 New Haven Avenue City Zip Code Wellington, Fl. 33414 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 reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete 1011 Change ☐ Addition CHIU. JOHN NAME MAM 1157 ROYAL PALM BEACH BLVD. STREET ADDRESS SIDECT ADDRESS ROYAL PALM-BEACH-FL --CITY-S1-7IP CITY ST ZIP 1930 New Haven Ave. Delete 1000 Change Addition Wellington, Fl. 33414 NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP пш ☐ Delate 900 Change - Addition NAME ASA CHIU, V.-Pres. NAMI STREET ADDRESS 1930 New Haven Ave. STREET ADDRESS CHY-S1-ZIP CHY SI-ZIP Wellington, Fl. 33414 THE Delete HDF ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY ST 7IP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY ST-ZIP ши ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-SI-ZIP CITY SE-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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

SIGNATURE:

of the corporation or the receiver or to if changed, or on an attachment with

an address with all other like empowered.

4/23/2007 (561) 798-5387

FILED