


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90195 036 \*\*\*150.00

<b>DOCUMENT # J79320</b> 1. Entity Name <b>CHANG ENTERPRISES, INC.</b>					
Principal Place of Business <b>948 N. MILLS AVE. ORLANDO, FL 32803</b>			Mailing Address <b>1221 E ROBINSON ST ORLANDO, FL 32801</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>105 E. SR 434</b> Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>WINTER SPRINGS FL</b> Zip      Country <b>32708      USA</b>		4. FEI Number <b>59-2814892</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FANG DAVID</b> <i>spell error</i> <b>1221 E ROBINSON ST ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>DAVID FONG</b> Street Address (P.O. Box Number is Not Acceptable) <b>105 E. SR. 434</b> City <b>WINTER SPRINGS</b> <b>FL</b> Zip Code <b>32708</b>		
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><i>David Fong</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/07</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DR.</b> <input type="checkbox"/> Delete NAME <b>LE, SI TRUNG</b> STREET ADDRESS <b>929 N THORNTON AVE</b> CITY-ST-ZIP <b>ORLANDO, FL 32803</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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><i>Si Trung Le</i></u> <b>SI TRUNG LE</b> <u>4/24/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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