


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90213 016 ***150.00

DOCUMENT # K30725


1. Entity Name
WAH HEN CORP.



Principal Place of Business Mailing Address
 1177-1179 W 68TH ST. 1177-1179 W 68TH ST
 HIALEAH, FL 33014-5152 HIALEAH, FL 33014-5152

2. Principal Place of Business 3. Mailing Address
9160 NW 122 ST **9160 NW 122 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#31 **#31**

City & State City & State
HIALEAH GARDENS, FL **HIALEAH GARDENS FL**
 Zip Country Zip Country
33018 **USA** **33018** **USA**



04222006 Chg-P CR2E034 (11/05)

8. Name and Address of Current Registered Agent
LAU, JORGE
1177-1179 W 68TH ST
HIALEAH, FL 33014

7. Name and Address of New Registered Agent
 Name **JORGE LAU**
 Street Address (P.O. Box Number is Not Acceptable)
8259 NW 194 TER
 City **MIAMI** **FL** Zip Code **33015**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAU, JORGE 1177-1179 W 68TH ST HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAU, JORGE 1177-1179 W 68TH ST HIALEAH, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORGE LAU 8259 NW 194 TER MIAMI FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORGE LAU 8259 NW 194 TER MIAMI FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JORGE LAU** Date **4-22-06**
Signature and typed or printed name of signing officer or director Daytime Phone #