

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 08:00 A

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DOCUMENT # K30725 1. Entity Name WAH HEN CORP.			Secretary of State					
Principal Place 9160 NW 12 31 HIALEAH, FL	2 ST	Mailing Address 9160 NW 122 ST 31 HIALEAH, FL 33018				1)		
D	O NOT WRITE	CE	04062007 No Chg-P CR2E034 (11/05) 4. FEI Number					
	6. Name and Address of Current Re	gistered Agent		-				
LAU, JORG 8259 NW 1 HIALEAH,	194 TERR	DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	I ed office or registe	red agent, or both, in	the State of Flor	ida. I am fami	liar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	nd Agent signature required	required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS	I					
TITLE	PD ,	•	1					
NAME	LAU, JORGE							
STREET ADDRESS	825 NW 194 TERR							
CITY-ST-ZIP	HIALEAH, FL 33015		4				}	
TITLE	STD LAU, JORGE							
NAME STREET ADDRESS	8259 NW 194 TER							
CITY-ST-ZIP	HIALEAH, FL 33015							
TITLE			1					
NAME								
STREET ADDRESS CITY-ST-ZIP				DO N	IOT W	RITE		
TITLE		<u>.</u>	1					
NAME				IN THIS SPACE				
STREET ADDRESS			1					
CITY-ST-ZIP			4					
TITLE								

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16107

305-558-7300

Daytime Phone #

U00000702326 04/20/07-80094-011 150.00