2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K34945 1. Entity Name 03-19-2007 90055 040 ***150.00 CHANG & CHENG, INC. Principal Place of Business Mailing Address 1913 NE 168 STREET 18999 BISCAYNE BLVD #205 N. MIAMI BEACH, FL 33162 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable 65-0076441 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHENG, MAN LOK Street Address (P.O. Box Number is Not Acceptable) **2047 NE 180TH STREET** N. MIAMI BEACH, FL 33162 City Zip Code 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, broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete SD TITLE ☐ Change ☐ Addition CHENG: QI HONG HUANG NAME NAME STREET ADDRESS **2047 NE 180TH STREET** STREET ADDRESS CITY-ST-ZIP N.MIAMI BCH, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME CHENG, MAN LOK STREET ADDRESS 2047 N.F. 180TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N.MIAMI BCH, FL ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7TP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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.

FILED

Mar 19, 2007 8:00 am