

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90123 047 ****50.00

DOCUMENT # L06000002214

1. Entity Name

HONG KONG PLAZA, LLC.



Principal Place of Business

16361 NORRIS RD.
WELLINGTON FL 33470
US

Mailing Address

15 BARNABY CT. E.
HAUPPAUGE NY 11788
US



2. Principal Place of Business - No P.O. Box #

5370 W. Colonial Dr.
Suite, Apt. #, etc.

3. Mailing Address

37-05 233rd Place
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Orlando, FL
Zip 32808 Country Orange

City & State

Douglaston, NY
Zip 11363 Country Queens

4. FEI Number

20-4055061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WONG, JONATHAN
16361 NORRIS RD
WELLINGTON FL 33470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

03/20/07
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WONG, JONATHAN
STREET ADDRESS 16361 NORRIS RD
CITY-ST-ZIP WELLINGTON FL 33470

TITLE MGRM ☐ Delete
NAME ZHU, XUE WEN
STREET ADDRESS 16361 NORRIS RD
CITY-ST-ZIP WELLINGTON FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/20/07

918 666 7163