,2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 10, 2007 08:00 A Secretary of State DOCUMENT # L85819 1. Entity Namo CHO CHUNG HING ENTERPRISES, INC. Principal Place of Business Mailing Address 2951 SE HING DRIVE 2951 SE HING DR ARCARDIA FL 34266 ARCADIA FL 34266 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0271217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CHO CHUNG HUNG, FRANK Street Address (P.O. Box Number is Not Acceptable) 2951 SE HING DR ARCADIA FL 34266 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 DATE Signature, typed or unnied name of registered rigent and like a applicable. (NOTE: Registered Apont signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. U0000699708 □ Change IIIII, Addition ☐ Defete THE CHO CHUNG HING, FRANK 04/19/07-80053-014 150.00 NAMI NAME 2951 SE HING DRIVE STREET EADDRESS STREET ADDRESS ARCADIA FL CHY-SI-ZiP CITY+S1-ZIP DVST ☐ Change Addition BHI Delete TITLE CHO CHUNG HING, VALERIE NAME NAMI 2951 SE HING DR STREET LADORESS STREET ADDRESS ARCADIA FL 34266 CHY-SI-7IP CHY-S1-ZIE Change HTH Addition DH ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHYEST-7P CHY-SI-7IP ☐ Defete ☐ Change Addition Ш NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete Change Addition THEF? NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IF TITLE ☐ Delete Change ☐ Addition THUE NAME NAMI: STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP

12. I neroby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 altachment with an address, with all other like empowered with the same tegal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address. With all other like empowered by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address. With all other like empowered by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address. With all other like empowered by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address.

NING OFFICER OR DIRECTOR