


FROM : Stephen Simone, P.A.

PHONE NO. : 727 341 2255

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90003 030 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M87783</b> 1. Entity Name <b>HOE FONG COMPANY</b>					
Principal Place of Business C/O K WEI 1802 WEATHERSTONE DR SAFETY HARBOR, FL 34695 US			Mailing Address C/O K WEI 1802 WEATHERSTONE DR SAFETY HARBOR, FL 34695 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2900446</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEI, KARIN 1802 WEATHERSTONE DRIVE SAFETY HARBOR, FL 34695			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ (NOTE: Registered Agent signature required when relinquishing)					
<b>FILE NOW!! FEE IS \$150.00</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fee</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HOE, FANG-CHOU 1802 WEATHERSTONE DRIVE SAFETY HARBOR, FL 34695		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEI, KARIN 1802 WEATHERSTONE DRIVE SAFETY HARBOR, FL 34695		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <u><i>Fang Chou Hoe</i></u> <span style="float: right;">9/4/06</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>		