


**2007 NOT-FOR-PROFIT CORPORATION:
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000004930
1. Entity Name
FLORIDA CHINESE FEDERATION, INC.



Principal Place of Business 4980 N.W. 165TH ST. SUITE A3B MIAMI LAKES, FL 33014	Mailing Address 4980 N.W. 165TH ST. SUITE A3B MIAMI LAKES, FL 33014
--	--

DO NOT WRITE IN THIS SPACE



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2407302	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NG, AARON
4980 NW 165 ST
SUITE A3 B
MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PING, LUO 4980 NW 165 ST., STE A3B HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NG, AARON 4980 NW 165 ST., STE. A3B HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LI, MIRANDA 2121 NE 53RD ST FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANG, WINNIE 8401 SW 107 AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, FEISZU 4778 SW 2 ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000619260
02/08/07-80064-008 70.00

DO NOT WRITE IN THIS SPACE

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 617, 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 empowers.

SIGNATURE: AARON NG 1/30/07 ⁽³⁰⁷⁾ 785-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #