


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90004 013 \*\*\*\*61.25

<b>DOCUMENT # N03000007766</b> 1. Entity Name <b>CHINESE DANCING CLUB OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business 980 NW 132 NO. AVE. W. MIAMI, FL 33182			Mailing Address 980 NW 132 NO. AVE. W. MIAMI, FL 33182		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 226551</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>MIAMI FL</b>			
City & State		City & State <b>33222-6551</b>			
Zip	Country	Zip	Country	4. FEI Number <b>20-0234132</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WU, ROMINA</b> <b>900 NE 195 ST., #717</b> <b>MIAMI, FL 33179</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WU, ROMINA</b> <b>900 NE 195 ST., #717</b> <b>MIAMI, FL 33179</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PANG, YEW</b> <b>3845 NE 170 STREET</b> <b>NMB FL 33160</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LI, WEI K</b> <b>16323 NW 23 ST.</b> <b>PEMBROKE PINES, FL 33028</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HO, MING L</b> <b>980 NW 132ND AVE., W.</b> <b>MIAMI, FL 33182</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GHK, PETRUS</b> <b>158 SANDPINE CIR.</b> <b>SANFORD, FL 32773</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/29/2008</b> Daytime Phone #		