

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007766

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** CHINESE DANCING CLUB OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

980 NW 132 NO. AVE. W.  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

POB 226551  
MIAMI, FL 332226551

**New Mailing Address:**

**FEI Number:** 20-0234132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WU, ROMINA  
900 NE 195 ST., #717  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WU, ROMINA  
Address: 900 NE 195 ST., #717  
City-St-Zip: MIAMI, FL 33179

Title: VP ( ) Delete  
Name: LI, WEI K  
Address: 16323 NW 23 ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete  
Name: HO, MING L  
Address: 980 NW 132ND AVE., W.  
City-St-Zip: MIAMI, FL 33182

Title: ST ( ) Delete  
Name: PANG, YEN  
Address: 3845 NE 170 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WU, ROMINA

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date