

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009214

FILED  
Jan 21, 2007  
Secretary of State

Entity Name: MIAMI CHINESE WELFARE COUNCIL, INC.

## Current Principal Place of Business:

1750 W FLAGLER STREET  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

1750 W FLAGLER STREET  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 20-1709451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KONG, LAI KWAN  
1750 W FLAGLER STREET  
MIAMI, FL 33135 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: D ( ) Delete  
Name: KONG, LAI KWAN  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: YUEN, JACKY  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: LI, FELIPE  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: KWAN, WING F  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: NG, JOHNNY  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: MUI, DAVID  
Address: 1750 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135

## 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:

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 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: LAI KWAN KONG

D

01/21/2007

Electronic Signature of Signing Officer or Director

Date