

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007139

FILED
Apr 03, 2008
Secretary of State

Entity Name: WING LUNG WELLNESS CENTER INC.

Current Principal Place of Business:

9290 HAMMOCKS BLVD.
SUITE 402
MIAMI, FL 33196

New Principal Place of Business:

6408 NW 186 STREET
MIAMI, FL 33015

Current Mailing Address:

18318 SW 154 CT
MIAMI, FL 33187

New Mailing Address:

FEI Number: 20-5166814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN, STEVE A
18318 SW 154 CT
MIAMI, FL 33187 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: CHIN, STEVE A MR
Address: 18318 SW 154 CT
City-St-Zip: MIAMI, FL 33187

Title: SECT () Delete
Name: CHIN, TIFFANY A MS
Address: 18318 SW 154 CT
City-St-Zip: MIAMI, FL 33187

Title: VP () Delete
Name: CHIN, DEBORAH R MRS
Address: 18318 SW 154 CT
City-St-Zip: MIAMI, FL 33187

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:

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: STEVE CHIN

P

04/03/2008

Electronic Signature of Signing Officer or Director

Date