


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 043 ****61.25

DOCUMENT # N36237
1. Entity Name
CHUNG WAH CEMETERY ASSOCIATION OF MIAMI, INC.



Principal Place of Business % FELIPE LI 13939 LAKE SUCCESS PLACE MIAMI LAKES FL 33014	Mailing Address % FELIPE LI 13939 LAKE SUCCESS PLACE MIAMI LAKES FL 33014
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number 65-0328490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LI, FELIPE
13930 LAKE SUCCESS PLACE
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	NG, AARON	
STREET ADDRESS	7467 NW 169TH LANE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHOI, PAK	
STREET ADDRESS	1480 NW 96TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	LI, FELIPE	
STREET ADDRESS	13930 LAKE SUCCESS PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	KWAN, WING FAT	
STREET ADDRESS	1750 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUI, WAI CHIU	
STREET ADDRESS	780 E 39TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEUNG, CHAM T	
STREET ADDRESS	388 NE 17TH TERRACE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: FELIPE LI 2/4/04
Date Daytime Phone #