2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N

FILED DOCUMENT # N36237 Feb 09, 2005 08:00 AM 1. Entity Name **Secretary of State** CHUNG WAH CEMETERY ASSOCIATION OF MIAMI, INC. Principal Place of Business Mailing Address % FELIPE LI % FELIPE LI 13939 LAKE SUCCESS PLACE MIAMI LAKES FL 33014 13939 LAKE SUCCESS PLACE MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-0328490 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LI, FELIPE Street Address (P.O. Box Number is Not Acceptable) 13930 LAKE SUCCESS PLACE MIAMI LAKES FL 33014 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. 1 am familiar with, and accept the obligations of registered agent - FELIPE SIGNATURE DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE Delete TITLE Change Addition 000000222351 02/09/05-80072-010 61.25 NG. AARON NAME NAME 7467 NW 169TH LANE STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY ST-ZIP CHTY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE CHOI, PAK NAME MAME 1480 NW 96TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP Addition TITLE TATE F ☐ Change ☐ Delete NAME LI. FELIPE NAME 13930 LAKE SUCCESS PLACE STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition KWAN, WING FAT NAME NAME 1750 W FLAGLER ST STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Addition TITLE TITLE MUI, WAI CHIU NAME NAME 780 E 39TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-ZIP Delete DILLE ☐ Change ☐ Addition TITLE LEUNG, CHAM T NAME NAME 388 NE 177TH TERRACE STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33162 CITY+ST-7IP 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)(1), 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.

Daytme Phone #