


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90177 042 ***150.00

DOCUMENT # P00000078383

1. Entity Name
KONG FAMILY ENTERPRISES, INC.



Principal Place of Business Mailing Address
1101 FLOTILLA CLUB DR. **1101 FLOTILLA CLUB DR.**
INDIAN HARBOUR BEACH, FL 32937 **INDIAN HARBOUR BEACH, FL 32937**

60033133



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
380 NORWOOD AVE **380 NORWOOD AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02252008 Chg-P CR2E034 (12/06)

City & State City & State
SATELLITE BEACH, FL **SATELLITE BEACH, FL**
 Zip Country Zip Country
32937 **USA** **32937** **USA**

4. FEI Number Applied For
59-3662852 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KONG, SAMUEL S
201 HARBOR CITY PARKWAY #H446
INDIAN HARBOR BEACH, FL 32937

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: X *Samuel Kong* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KONG, SAMUEL S	
STREET ADDRESS	201 HARBOR CITY PARKWAY #H446	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAW, LULIN	
STREET ADDRESS	201 HARBOR CITY PARKWAY #H446	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 exemptions contained 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 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 607, 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: X *Samuel Kong* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR