## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P00000088513

1. Entity Name SUNG KONG, INC.



**FILED** Jan 23, 2006 08:00-AN Secretary of State

Principal Place of Business

11211-11215 US HIGHWAY ONE NORTH PALM BEACH, FL 33408 Mailing Address

C/O ABC

1535 SE 17TH ST, B206 FORT LAUDERDALE, FL 33316



DO	NOT	WRITE	IN THIS	SPACE
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01182006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For

65-1051727

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

YIM, CHAN 9063 EAST HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL 33418

## DO NOT WRITE IN THIS SPACE

		}			
8. The above the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_	Signature, typed or pithted name of registered agent and title I	applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS GITY-ST-ZIP	P YIM, CHAN 9063 E. HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL 33418				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHEUNG, KONG 9063 E. HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL 33418				U00000394123 01/25/06-80048-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Kong Cheung SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-462-6045

Daytime Phone #