

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90103 040 ***150.00

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1. Entity Name
DONG KAN CORPORATION

Principal Place of Business
**8800 SW 72 STREET
MIAMI, FL 33179**

Mailing Address
**8800 SW 72 STREET
MIAMI, FL 33179**

40003061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1089330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LI, XIAO DONG
8800 SW 72 STREET
MIAMI, FL 33173**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,P
LI, XIAO DONG
7104 CARISSA COURT
TAMARAC, FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LAU, KAN
7104 CARISSA COURT
TAMARAC, FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LI, GUO GUANG
8848 SW 72 STREET, H348
MIAMI, FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHEN, PI CHU
7104 CARISSA COURT
TAMARAC, FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAU, LEONG
7104 CARISSA COURT
TAMARAC, FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHEN, SHENG ZHUAN
7104 CARISSA COURT
TAMARAC, FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kan Lauh

1-11-05