

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 MAR -9 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



01132006 No Chg-P CR2E034 (11/05)

DOCUMENT # P01000026924

1. Entity Name
TUNG LE, INC.



Principal Place of Business
19349 S DIXIE HIGHWAY
MIAMI, FL 33157

Mailing Address
9555 TIFFANY DRIVE
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1086324
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A. BERNARD FINANCIAL SERVICES INC
9032 SW 152ND ST.
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAI, SU-ANN NADINE
STREET ADDRESS 9555 TIFFANY DRIVE
CITY-ST-ZIP MIAMI, FL 33157

TITLE STD
NAME CHEN, BI LIAN
STREET ADDRESS 9555 TIFFANY DRIVE
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

500067974715
03/16/06--01020--012 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06

Date

305-255-1662

Daytime Phone #