
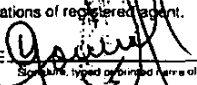
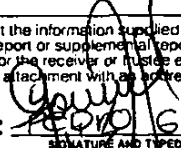


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90066 045 \*\*\*150.00

<b>DOCUMENT # P01000074165</b> 1. Entity Name <b>WONG WHOLESALE, INC.</b>					
Principal Place of Business <b>4363 N.W. 37TH AVENUE MIAMI, FL 33166</b>			Mailing Address <b>4363 N.W. 37TH AVENUE MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7105 SW 8 STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>306</b>			
City & State		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1123425</b>	
Zip		Zip <b>33144</b>		Country <b>DOCC</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, PEDRO F 1820 W 53RD ST STE 309 HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  (NOTE: Registered Agent signature required when registering) DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PEDRO F 1820 WEST 53RD ST. SUITE 309 HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, LEONOR F 1820 WEST 53RD ST. SUITE 309 HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, PEDRO F 1820 WEST 53RD ST. SUITE 309 HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, SILVIA M 1820 W 53RD ST STE 309 HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: 			04.27.07 (305)2263443		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		