

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074165

Entity Name: WONG WHOLESALE, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4363 N.W. 37TH AVENUE
MIAMI, FL 33166 US

New Principal Place of Business:

4363 NW 37TH AVENUE
MIAMI, FL 33166 US

Current Mailing Address:

7105 SW 8TH STREET
SUITE 306
MIAMI, FL 33144 US

New Mailing Address:

4363 NW 37TH AVENUE
MIAMI, FL 33166 US

FEI Number: 65-1123425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, PEDRO F
1820 W 53RD ST STE 309
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, PEDRO F 40%
Address: 1820 WEST 53RD ST. SUITE 309
City-St-Zip: HIALEAH, FL 33012 US

Title: VD () Delete
Name: GONZALEZ, LEONOR F 20%
Address: 1820 WEST 53RD ST. SUITE 309
City-St-Zip: HIALEAH, FL 33012 US

Title: SD () Delete
Name: GONZALEZ, JR., PEDRO F 10%
Address: 1820 WEST 53RD ST. SUITE 309
City-St-Zip: HIALEAH, FL 33012 US

Title: TD () Delete
Name: GONZALEZ, SILVIA M 10%
Address: 1820 W 53RD ST STE 309
City-St-Zip: HIALEAH, FL 33012 US

Title: D () Delete
Name: GONZALEZ, PATRICIA V 20%
Address: 1820 W 53RD ST STE 309
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO F GONZALEZ

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date