## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 08:00 A Secretary of State

	ANNO	AL KEPUKI		_	1116	11 2 1, 2000 00.
DOCU  1. Entity Narr  CITY CAI		96399				Secretary of St
Principal Plac		Mailing Address				
	4240 NW 1ST DR DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442		442			
		OLEM RELO DEMON, TE 33	***	4 10074001 31	ı ədidi ileli dəlil odik dek	::  <b>   10                                </b>
D	O NOT WRIT	ACE	03182008 4. FEI Numb	No Chg-P	CR2E034 (11/05)  Applied For	
				65-114 5. Certificate	3696 of Status Desired	Not Applicable  \$8.75 Additional
	6. Name and Address of Curr	rent Registered Agent		l		Fee Required
WONG, KI 4240 NW DEERFIEL			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 a	IONG	PMG 3/19/08 ad Agent signature required when reinstatings			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Campaign F Trust Fund Contribut	~ _ ~	.00 May Be ded to Fees	<u> </u>	00867578
10.	OFFICERS A	ND DIRECTORS			04/08/0	3-80076-011 150.00
NAME STREET ADDRESS CITY-ST-ZIP	WONG, KING-YING 4240 NW 1ST DR DEERFIELD BEACH, FL 334	142				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	n.					
TITLE  NAME  STREET ADDRESS  City-St-Zip				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SP	PACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information sapplied 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 trub and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or frustee 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:						