2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000117983

1. Entity Name *
MING HUA ENTERPRISES, INC.



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

1906 CLINT MOORE RD STE 1 BOCA RATON, FL 33496 1906 CLINT MOORE RD STE 1 BOCA RATON, FL 33496



02102007

No Chg-P

CR2E034 (11/05)

4.	FEI Number 65-1158856		_	Applied For Not Applicable	
5.	Certificate of Status Desired	\$8.7 Fee R		Additional ifred	

6. Name and Address of Current Registered Agent

LUO, ZHUO H 1906 CLINT MOORE RD STE 1 BOCA RATON, FL 33496

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or re	gistered agent, or bo	th, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	d Agent signature	equired when rainstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000754593 05/22/07-80066-023	: 150.00
10.	OFFICERS AND DIREC	TORS	18.5		。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	March Contract
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUO, ZHUO H 1906 CLINT MOORE RD STE 1 BOCA RATON, FL 33496					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					as the source	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS			1			

12. I hereby certify that the information supplied with this filling 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 exacute 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

561-9989366

Daytime Phone #