

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/17

FILED
May 12, 2003 8:00 am
Secretary of State

04-17-2003 90610 019 ***150.00

DOCUMENT #P02000039876																																																																													
1. Entity Name H & WINGAN CORP.																																																																													
Principal Place of Business PEKING PALACE 213 S. STATE RD 7 MARGATE FL 33068 US			Mailing Address 213 S STATE RD 7 MARGATE FL 33068 US																																																																										
2. Principal Place of Business 213 S STATE RD 7			3. Mailing Address 213 S STATE RD 7																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																										
City & State MARGATE FL			City & State MARGATE FL																																																																										
Zip 33068		Country BROWARD		Zip 33068																																																																									
Country BROWARD		4. FID Number 04-3643754																																																																											
5. Certificate of Status Entered				\$8.75 Additional Fee Required																																																																									
6. Name and Address of Current Registered Agent PEKING PALACE 213 S STATE RD 7 MARGATE FL 33068																																																																													
7. Name and Address of New Registered Agent																																																																													
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																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHU K HO</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9120 RED HEART LANE</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>TAMARAC, FL 33321</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CHU K HO		STREET ADDRESS			CITY-STATE-ZIP	9120 RED HEART LANE		CITY-STATE-ZIP				TAMARAC, FL 33321																																														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 130.07(3)(b), 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 602, Florida Statutes and that any name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filer empowered.																																																																													
SIGNATURE:																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																													

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