FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90142 004 ***150.00

TOR TO EXTRESS, THE		10 WE 1819		
DO NOT WRITE I	N THIS SPAC	CE	~~~,597	
2. Principal-Place of Business 32 WAY 3. Mailing Address 18999 BECA		INE BLUS.		
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State HULLYWOUA, PL. 333/2	City & State FIVENTURA, P	5.	4. FEI Number Applied For Not Applicable	
Zip 33312 Country 3A	Zip 33180 Cou	intry USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
		Name	7. Name and Address of Current Registered Agent	
DO NOT WR		Street Address ((P.O. Box Number is Not Acceptable)	
IN THIS SPA	CE	18	9999 BISCAYNE BUNG. #YOU	
		City Av	VENNICA FL Zip Code 33/80 red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATUR January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of Sta		red Agent signature required	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRE	CTORS			2
TITLE NAME STREET ADDRESS CITY-ST-ZIP WAI SHINGMG 4937 SW 32 WAY HOLLY WOOD, FE 33312	de Line	11% to 1		CR2E034B (12/02
TITLE ST NAME WAI SHING NG STREET ADDRESS 4937 SW 32 WAY CITY-ST-ZIP HOLLYWOOD FL 33312	NAI Str	LE ME REET ADDRESS Y-ST-ZIP		CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA) Str	ME MET ADDRESS Y-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F.^^ 6	. 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STR CITY	EET ADDRESS Y-ST-ZIP	ection 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 2

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #