

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90051 011 ***150.00

DOCUMENT # P02000091164

1. Entity Name
CHING FENG, INCORPORATED



Principal Place of Business

MING-DAY YEH
6231
COCOA, FL 32927

Mailing Address

941 JAMESTOWN DR
ROCKLEDGE, FL 32955

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt # etc

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country

07052007

Chg-P

CR2E034 (12/06)

4. FFI Number
55-0792366

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIANG, BRIAN
1226 E. COLONIAL DRIVE
SUITE B
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable

(If "Off" Registered Agent Signature entered when not filing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contributor ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **YEH, MING-DAR**
STREET ADDRESS **941 JAMESTOWN DRIVE**
CITY-STATE-ZIP **ROCKLEDGE, FL 32955**

TITLE **VP** ☐ Delete
NAME **CHANG, SHU FOR**
STREET ADDRESS **941 JAMESTOWN DIVE**
CITY-STATE-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(X) Ming Day Yeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-07 (321) 637-3328