

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90002 006 \*\*\*550.00

**DOCUMENT # P02000106971**

1. Entity Name

CHINA FONG, INC.



Principal Place of Business

3331 SHERIDAN ST  
HOLLYWOOD FL 33021

Mailing Address

3331 SHERIDAN ST  
HOLLYWOOD FL 33021

**54071995**



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0429289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEN-HUANG, CHIA  
5200 SW 87 TERRACE  
COOPER CITY FL 33328

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

*Chia-Wen Huang* *chia-Wen Huang* *08-28-04*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WEN-HUSANG, CHIA  
STREET ADDRESS 5200 SW 87 TERR  
CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition  
NAME *chia-wen, Huang*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME GUNAG LI, GUO  
STREET ADDRESS 5200 SW 87 TERR  
CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *Guo-Guang, Li*  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MAK, KWOK W  
STREET ADDRESS 5200 SW 87 TERR  
CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *KWOK-Wing, MAK*  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CJI, CHIA-LIN  
STREET ADDRESS 5200 SW 87 TERR  
CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *chia-Lin, Chu*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Chia-Wen Huang* *chia-Wen Huang* *08-28-04* *954963-6777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #