

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000114612</b>	
1. Entity Name JOMING, INC.	
Principal Place of Business 1551 LEE ROAD ORLANDO, FL 32810	Mailing Address 49 KINZLEY STREET SOUTH HACKENSACK, NJ 07606



**DO NOT WRITE IN THIS SPACE**

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3065969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LIANG, RACHEL J 10063 COVE LAKE DRIVE ORLANDO, FL 32836		<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	P CHUNG, JOE C 49 KINZLEY STREET SOUTH HACKENSACK, NJ 07606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YIP, QIMING BRUCE 137 NORFOLK STREET, APT 5B NEW YORK, NY 10002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIANG, RACHEL J 49 KINZLEY STREET SOUTH HACKENSACK, NJ 07606
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05/06/05-80044-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 917-815-4802  
Date Daytime Phone #