2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-29-2005 90206 048 ***150.00 **DOCUMENT # P03000106324** 1. Entity Name WING-FAI, INC ... 10010213 Principal Place of Business Mailing Address 11471 W SAMPLE RD 11471 W SAMPLE RD SUITE 41 SUITE 41 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business AVENUE 3. 4225 NW 107TH AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State MIAMI, FL City & State MIAMI, FL 20-0533594 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 33178 USA 33178 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAO, CAI GUAN Street Address (P.O. Box Number is Not Acceptable) 4225 NW 1()7THAVENUE 11471 W SAMPLE RD SUITE 41 CORAL SPRINGS, FL 33065 Zip Code 33178 IMAYM 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_ DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDST TITLE Change ☐ Addition TITLE Delete GAO, CAI GUAN NAME 4225 NW 107TH AVENUE 11471 W SAMPLE RD SUITE 41 STREET ADDRESS STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE ☐ Delete THUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 (gus SIGNATURE

PRINTED NAME OF SIGN

OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 29, 2005 8:00 am Secretary of State