

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130594

Entity Name: TONGY ENTERPRISES, INC.

FILED
Mar 16, 2007
Secretary of State

Current Principal Place of Business:

2384 LYNN DR
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

2384 LYNN DR
WEST PALM BEACH, FL 33415 US

New Mailing Address:

FEI Number: 20-0386292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ASDRUBEL
2384 LYNN DR
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, ASDRUBEL
Address: 2384 LYNN DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V () Delete
Name: CHANCHAVAC, FRANCISCO
Address: 340 WALKER AVE
City-St-Zip: GREENACRES, FL 33463

Title: T () Delete
Name: VELASQUEZ, ANDRES
Address: 512 JENNINGS AVE.
City-St-Zip: GREENACRES, FL 33463

Title: S (X) Delete
Name: PLA, ISABEL
Address: 2384 LYNN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PLA, ISABEL
Address: 2384 LYNN DRIVE
City-St-Zip: GREENACRES, FL 33415

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRUBAL PEREZ

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date