





2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90033 030 ***150.00

DOCUMENT # P04000075778 1. Entity Name CHIU SHING COMPANY					
Principal Place of Business 17650 SW 7TH ST PEMBROKE PINES, FL 33029			Mailing Address 17650 SW 7TH ST PEMBROKE PINES, FL 33029		
2. Principal Place of Business 18331 Pines Blvd Suite, Apt. #, etc: #180		3. Mailing Address 18331 Pines Blvd Suite, Apt. #, etc: #180			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number 11-3719213	
Zip 33029		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YEUNG, WAH HOI 17650 SW 7TH ST PEMBROKE PINES, FL 33029				7. Name and Address of New Registered Agent Name Yeung, Wah Hoi Street Address (P.O. Box Number is Not Acceptable) 18331 Pines Blvd #180 City Pembroke Pines FL Zip Code 33029	
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 2-11-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME YEUNG, WAH HOI STREET ADDRESS 17650 SW 7TH ST CITY-ST-ZIP PEMBROKE PINES, FL 33029			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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, without other like empowered.					
SIGNATURE:  DIRECTOR 2-11-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					