



FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000002207				Secretary of State	
1. Entity Name HSIUNG'S ASSOCIATES, INC.					
Principal Place of Business 7005 SHENANDOAH COURT TAMPA, FL 33615		Mailing Address 7005 SHENANDOAH COURT TAMPA, FL 33615			
DO NOT WRITE IN THIS SPACE					
		04212008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 11-3738915		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HSIUNG, JOHN J 7005 SHENANDOAH COURT TAMPA, FL 33615		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				05/16/08-80024-002 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DP HSIUNG, JOHN J 7005 SHENANDOAH COURT TAMPA, FL 33615			
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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 reports 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: _____		4/23/2008 813-882-3561			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			