

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 031 ***150.00

DOCUMENT # P05000010286

1. Entity Name
HUANG ENTERPRISE, INC.



Principal Place of Business
**651 NE 2ND PLACE
HIALEAH, FL 33010**

Mailing Address
**651 NE 2ND PLACE
HIALEAH, FL 33010**

50018344



2. Principal Place of Business

**2692 N. University DR
Suite, Apt. #, etc.
#2**

3. Mailing Address

**2692 N. University DR
Suite, Apt. #, etc.
#2**

03312006 Chg-P CR2E034 (11/05)

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

20-2784588

Applied For
Not Applicable

Zip

33322

Country

U.S.A

Zip

33322

Country

U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUANG, AARON
651 NE 2ND PLACE
HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name **HUANG, AARON**
Street Address (P.O. Box Number is Not Acceptable)

2692 N. UNIVERSITY DR #2

City **SUNRISE**

FL

Zip Code **33322**

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HUANG, AARON**
STREET ADDRESS **651 NE 2ND PLACE**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **HUANG, AARON**
STREET ADDRESS **2692 N. UNIVERSITY DR #2**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2006

Date

954 741 5661

Daytime Phone #