2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all

Secretary of State DOCUMENT # P05000059032 02-06-2006 90083 022 ***150.00 1. Entity Name BING & LEE TRAN, INC. Principal Place of Business Mailing Address 4380 NW 31ST AVE 4380 NW 31ST AVE FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-27 Not Applicable Zip Country Zįp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRAN, BING 4380 NW 31ST AVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33309 City Zip Code 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 little ii applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete TITLE Change Addition TRAN, LEE NAME NAME 19305 NE 2ND AVE #2325 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331793278 CITY-ST-ZIP VTSD ☐ Delete TITLE TITLE Change Addition TRAN, BING NAME NAME 19305 NE 2ND AVE #2325 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331793278 CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/2 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP TATLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS 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 giner like empowered.

F SIGNING OFFICER OR DIRECTOR

FILED Feb 06, 2006 8:00 am