

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90210 026 \*\*\*150.00

**DOCUMENT # P05000115785**

1. Entity Name  
**BING & MING, INC.**



Principal Place of Business

10417 NW 41 ST.  
MIAMI, FL 33178

Mailing Address

11764 W SAMPLE RD STE 101  
CORAL SPRINGS, FL 33065  
*10417 NW 41 ST  
Doral FL 33078*

40086601



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02062007 Chg-P CR2E034 (12/06)

4. FEI Number

20-3334551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZHAO, MING  
~~1100 NW 87TH AVE #402~~  
~~CORAL SPRINGS, FL 33071~~

*19020 SW 4th ST  
Pembroke Pines, FL 33029*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
P ZHAO, MING  
STREET ADDRESS  
~~1100 NW 87TH AVE #402~~ *19020 SW 4th ST 330*  
CITY-ST-ZIP  
~~CORAL SPRINGS, FL 33071~~ *Pembroke Pines, FL 33029*

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

TITLE ☐ Delete  
NAME  
VP ZHANG,  
STREET ADDRESS  
~~1100 NW 87TH AVE #402~~ *19020 SW 4th ST*  
CITY-ST-ZIP  
~~CORAL SPRINGS, FL 33071~~ *Pembroke Pines, FL 33029*

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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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: *X Ming*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/07*

Date

*954-5548899*

Daytime Phone #