

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90431 049 ***150.00

| | | | |
|--|---|--|--|
| DOCUMENT # P05000139580 1. Entity Name MADAM CHIANG, INC. | |  | |
| Principal Place of Business 3381 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 | | Mailing Address 3381 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 | |
| 2. Principal Place of Business - No P.O. Box # 11419-C W. PALMETTO PARK RD. | | 3. Mailing Address 11419-C W. PALMETTO PARK RD. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State BOCA RATON FL | | City & State BOCA RATON FL | |
| Zip 33428 | | Zip 33428 | |
| Country U. S. A. | | Country U. S. A. | |
| 4. FEI Number 20-3662577 | | 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 CHIANG, BETTY 3381 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 | | 7. Name and Address of New Registered Agent Name WU, YONG F. Street Address (P.O. Box Number is Not Acceptable) 11419-C W. PALMETTO PARK RD. City BOCA RATON FL Zip Code 33428 | |
| 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 <input checked="" type="checkbox"/> DATE <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, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP | PD CHIANG, BETTY 3381 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD WU, YONG F 3381 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WU, YONG F. 11419-C W. PALMETTO PARK RD. BOCA RATON FL 33428 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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, with all other like empowered. | | | |
| SIGNATURE:  YONG F. WU x 4/26/07 (561) 883-2530 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

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