

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2007 8:00 am
Secretary of State

03-06-2007 90001 019 ***150.00

DOCUMENT # P06000000090 1. Entity Name MICHAEL CHENG, INC																																																		
Principal Place of Business 11778 SE FEDERAL HWY HOBE SOUND, FL 33455 US			Mailing Address 11778 SE FEDERAL HWY HOBE SOUND, FL 33455 US																																															
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																															
City & State			City & State																																															
Zip		Country		Zip																																														
Country		Country		4. FEI Number 20-4059557 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>																																														
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																		
6. Name and Address of Current Registered Agent CHENG, CHUNG C 11778 SE FEDERAL HWY HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																		
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																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;">P CHENG, CHUNG C <input type="checkbox"/> Delete</td> <td style="width: 30%;">STREET ADDRESS CITY-ST-ZIP</td> </tr> <tr> <td></td> <td></td> <td>11778 SE FEDERAL HWY HOBE SOUND, FL 33455</td> </tr> <tr><td>TITLE NAME</td><td><input type="checkbox"/> Delete</td><td>STREET ADDRESS CITY-ST-ZIP</td></tr> <tr><td>TITLE NAME</td><td><input type="checkbox"/> Delete</td><td>STREET ADDRESS CITY-ST-ZIP</td></tr> <tr><td>TITLE NAME</td><td><input type="checkbox"/> Delete</td><td>STREET ADDRESS CITY-ST-ZIP</td></tr> <tr><td>TITLE NAME</td><td><input type="checkbox"/> Delete</td><td>STREET ADDRESS CITY-ST-ZIP</td></tr> <tr><td>TITLE NAME</td><td><input type="checkbox"/> Delete</td><td>STREET ADDRESS CITY-ST-ZIP</td></tr> <tr><td>TITLE NAME</td><td><input type="checkbox"/> Delete</td><td>STREET ADDRESS CITY-ST-ZIP</td></tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;">STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE NAME</td><td>STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME</td><td>STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME</td><td>STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME</td><td>STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME</td><td>STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME</td><td>STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE NAME	P CHENG, CHUNG C <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP			11778 SE FEDERAL HWY HOBE SOUND, FL 33455	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<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 information empowered.																																																		
SIGNATURE: 3/1/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right; text-align: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>																																																		

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