


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 002 ***150.00

DOCUMENT # P06000023757		
1. Entity Name HO WAH RESTAURANT CORP.		

Principal Place of Business 3539 NW 3RD STREET MIAMI, FL 33125	Mailing Address 3539 NW 3RD STREET MIAMI, FL 33125
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2. Principal Place of Business - No P.O. Box # <i>Same</i>	3. Mailing Address <i>Same</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40100021



05072007 Chg-P CR2E034 (12/06)

4. FEI Number <i>20-4328572</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARTURO, PABLO A 3539 NW 3RD STREET MIAMI, FL 33125		7. Name and Address of New Registered Agent Name <i>Pablo A. Chong</i> Street Address (P.O. Box Number is Not Acceptable) <i>3539 NW 3ST</i> City <i>Miami</i> FL <i>33125</i>	
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <i>5/7/07</i>
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHONG, PABLO A 3539 NW 3RD STREET MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHONG, FONG Y 3539 NW 3RD STREET MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>5/7/07</i>	DAYTIME PHONE # <i>NA</i>
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ATTACHMENT
40108641
AFFIDAVIT WITH JURAT

Date: May 7, 2007

RE: DOCUMENT # P06000023757

State of Florida
County of Miami-Dade

The purpose of this letter is to acknowledge that I, Pablo A. Chong,
President of Ho Wah Restaurant Corp located at 3539 NW 3 Street in
Miami, Florida 33125 and properly identified declare under oath
declare that:

I mailed the Uniform Business Report with a check for \$150
which never cleared my bank. For this reason I ask that
you accept a duplicate check in the amount of \$150. If there
are any inquiries please contact my Accountant JANET
VASALLO at your convenience (305) 643-2482.

X 
Affiant's Signature

 NOTARY PUBLIC

