



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2007 90036 014 \*\*\*150.00

<b>DOCUMENT # P06000108966</b>			
1. Entity Name <b>CHING CHING, INC.</b>			
Principal Place of Business <b>3016 W HILLSBOROUGH AVE TAMPA, FL 33614-3344</b>		Mailing Address <del>3016 W HILLSBOROUGH AVE TAMPA, FL 33614-3344</del> <b>PO BOX 151346 TAMPA FL 33614-1346</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 151346</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>TAMPA FL</b>	
Zip	Country	Zip	Country
<b>33614-1346</b>	<b>USA</b>	<b>33614-1346</b>	<b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number <b>20-3215668</b>	
<b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROCAMORA, ANTHONY J 3016 W HILLSBOROUGH AVE TAMPA, FL 33614-3344</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 renaming) Signature, typed or printed name of registered agent and title if applicable DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ROCAMORA, ANTHONY J 3016 W HILLSBOROUGH AVE TAMPA, FL 336143344 <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	<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: 		2-14-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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