

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2007 8:00 am
Secretary of State

08-21-2007 90006 018 ***550.00

66021748



2nd MOORE CR2E034 (4/07)

DOCUMENT # P06000141783																																	
1. Entity Name ICHING INC.																																	
Principal Place of Business 221 SW 21ST ROAD MIAMI FL 33129 US			Mailing Address 221 SW 21ST ROAD MIAMI FL 33129 US																														
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																														
City & State			City & State																														
Zip	Country	Zip	Country	4. FEI Number 20-5872980																													
				Applied For ☐ Not Applicable																													
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH FL 33139				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's signature required when appropriate) DATE _____																																	
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State																																	
S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐																																	
9. Election Campaign Financing \$5.00 May Be Added to Fees ☐ Trust Fund Contribution. ☐																																	
<table border="1"> <thead> <tr> <th colspan="2">10. OFFICERS AND DIRECTORS</th> <th colspan="2">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PRES GARCIA, MARIA J 221 SW 21ST ROAD MIAMI FL 33129</td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>TRES GARCIA, RUBEN D 221 SW 21ST ROAD MIAMI FL 33129</td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>SECT GARCIA, RUBEN D 221 SW 21ST ROAD MIAMI FL 33129</td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>DIR GARCIA, RUBEN D 221 SW 21ST ROAD MIAMI FL 33129</td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td>☐ Delete</td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GARCIA, MARIA J 221 SW 21ST ROAD MIAMI FL 33129	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES GARCIA, RUBEN D 221 SW 21ST ROAD MIAMI FL 33129	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT GARCIA, RUBEN D 221 SW 21ST ROAD MIAMI FL 33129	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GARCIA, RUBEN D 221 SW 21ST ROAD MIAMI FL 33129	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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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 and empowered.																																	
SIGNATURE: <i>[Signature]</i> 8/17/07 305-50-9910 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	