

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


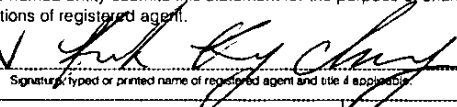
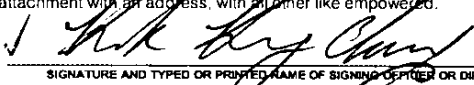
**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90110 004 \*\*\*150.00

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04142008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P07000002801</b>			
1. Entity Name <b>SUNG HING PRODUCE, INC.</b>			
Principal Place of Business <b>6602 BONACKER DRIVE TAMPA, FL 33610</b>		Mailing Address <b>6602 BONACKER DRIVE TAMPA, FL 33610</b>	
2. Principal Place of Business - No P.O. Box # <b>6002 Bonacker Dr</b>		3. Mailing Address <b>6002 Bonacker Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>	
Zip <b>33610</b>	Country <b>Hillsborough</b>	Zip <b>33610</b>	Country <b>Hillsborough</b>
4. FEI Number <b>30-8187244</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHUNG, KWOK K 6602 BONACKER DRIVE TAMPA, FL 33610</b>		7. Name and Address of New Registered Agent Name <b>Chung, Kwok K</b> Street Address (P.O. Box Number is Not Acceptable) <b>6002 Bonacker Dr.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33610</b>	
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 		DATE <b>10/4/21/08</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P CHUNG, KWOK K 6602 BONACKER DRIVE TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chung, Kwok K 6002 Bonacker Dr. Tampa FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUONG, HUNG K 6620 BONACKER DRIVE TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Duong, Hung K 6002 Bonacker Dr. Tampa FL 33610 <input checked="" 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
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: 		Date <b>10/4/21/08</b> Daytime Phone # <b>(813) 376-1054</b>	