## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State DOCUMENT # P07000052341** 02-20-2008 90010 022 \*\*\*150.00 1. Entity Name TING & FANG, INC. Principal Place of Business Mailing Address 40028763 621 NW 177 ST 621 NW 177 ST #107 #107 MIAMI, FL 33169 MIAMI, FL 33169 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7900 N.W. 27THA 900 N 01242008 CR2E034 (12/06) NORTH 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required アADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YANG, TING Street Address (P.O. Box Number is Not Acceptable) 621 NW 177 ST #107 MIAMI, FL 33169 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 (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE NAME YANG, TING NAME AVE, 200 NORTH COURT 621 NW 177 ST #107 STREET ADDRESS STREET ADDRESS MIAMI, FL 33169 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete CHANG, HUIF NAME NAME 7900 N.W. 2TTHAVE, 200 NORTH COURT 621 NW 177 ST #107 STREET ADDRESS STREET ADDRESS MIAMI, FL 33169 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-29P CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 20, 2008 8:00 am