

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P10000047033

1. Entity Name

A-wholesale Merchandise Inc.



FILED

11 MAY 16 PM 4:29

RECORDS OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

5135 NW 165 St.

Suite, Apt. #, etc.

3. Mailing Address

5135 NW 165 St

Suite, Apt. #, etc.

City & State

Miami Gardens FL

City & State

Miami Gardens FL

4. FEI Number

27-2790521

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034B (1/11)

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HU, HUA JIANG
5135 NW 165 ST
MIAMI GARDENS, FL 33014

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution.

E-mail Address:

HJHU36@Yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	president / Hua Jiang Hu
NAME	5135 NW 165 St.
STREET ADDRESS	Miami Gardens FL 33014
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Hua Jiang Hu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/11

DATE

305-924-3789

Daytime Phone #