

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000062611

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** DR. CHEUNG HEALTH & VITALITY ENTERPRISES INC

**Current Principal Place of Business:**

909 FIRETREE ROAD  
NORTH PALM BEACH, 33408

**New Principal Place of Business:**

909 FIRETREE ROAD  
NORTH PALM BEACH, FL 33408 US

**Current Mailing Address:**

909 FIRETREE ROAD  
NORTH PALM BEACH, 33408

**New Mailing Address:**

909 FIRETREE ROAD  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 27-3167595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHEUNG, TIMOTHY  
909 FIRETREE ROAD  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHEUNG, TIMOTHY  
Address: 909 FIRETREE ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP  
Name: CHEUNG, PETER  
Address: 909 FIRETREE ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: T  
Name: CHEUNG, ESTHER  
Address: 909 FIRETREE ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY CHEUNG

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date