## **2006 FOR PROFIT CORPORATION**

## **FILED** May 04, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P93000051649 1. Entity Name ANEWGO TRADING, INC. Principal Place of Business Mailing Address 777 NW 72 AVE 777 NW 72 AVE LOBBY 18 LOBBY 18 MIAMI, FL 33126 MIAMI, FL 33126 LIS US CR2E034 (11/05) 02112006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0438648 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, JUNG HUA DO NOT WRITE 777 NW 72 AVE LOBBY 18 IN THIS SPACE MIAMI, FL 33126 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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(NOTE, Registered Agent signature required when reinstating)

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U00000562170 05/19/06-80042-004 150.00

Applied For

Not Applicable

OFFICERS AND DIRECTORS 10. TITLE LEE, JUNG HUA NAME STREET ADDRESS 777 NW 72 AVE LOBBY 18 CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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 otherlink empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DIRECTOR

Davime Phone #