


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000081667</b>	
1. Entity Name TAI WAH, INC.	

Principal Place of Business FU WING CHINESE RESTAURANT 4784 N. CONGRESS AVENUE LANTANA, FL 33462 US	Mailing Address FU WING CHINESE RESTAURANT 4784 N. CONGRESS AVENUE LANTANA, FL 33462 US
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0471595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RONG-SONG, MEI 4742 ARTHUR STREET PALM BEACH GARDENS, FL 33418	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MEI, RONG SONG 7553 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHEN, JIN MING 4784 N CONGRESS AVENUE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000831642  
02/27/08-B0027-020-150.00

**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 other like empowered.

SIGNATURE: X TIM MCHEN 2/13/08 (561) 424-6990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #