2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2005 8:00 am **Secretary of State** DOCUMENT # P94000055692 1. Entity Name 02-17-2005 90026 021 ***150.00 HONG KONG LAM, INC. Principal Place of Business Mailing Address 91200 OVERSEAS HWY. TAVERNIER FL 33070 91200 OVERSEAS HWY. **DUUTITUU TAVERNIER FL 33070** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0544202 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHEUNG, TIN S Street Address (P.O. Box Number is Not Acceptable) 91200 OVERSEAS HWY. TAVERNIER FL 33070 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change **Addition** CHEUNET, ON-NA CHEUNG, TIN S NAME NAME 91200 Overseas Hwy. 91200 OVERSEAS HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAVERNIER FL 33070** CHY-ST-7/P Tavernier. TITLE Delete TITLE ☐ Change ☐ Addition CHEUNG, FAN C NAME STREET ADDRESS 413 SOUTH COCONUT PALM BLVD. STREET ADDRESS CITY-ST-ZIP **TAVERNIER FL 33070** CITY-ST-ZIP TITLE X Delete TITLE ☐ Addition NAME CHEUNG, ON-NA NAME STREET ADDRESS 91200 OVERSEAS HWY. STREET ADDRESS CITY-ST-ZIP **TAVERNIER FL 33070** CITY-ST-ZIP TITLE Delete TITLE ☐ Addition CHEUNG, TSZ Y NAME NAME 91200 OVERSEAS HWY. STREET ADDRESS STREET ADDRESS **TAVERNIER FL 33070** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 exemption stated in Section 119.07(3)(i), 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 the 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 powered.

SIGNATURE:

G OFFICER OR DIRECTOR

FILED