

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000044700 1. Entity Name SOON SING, INC.	
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Principal Place of Business 9101 LAKERIDGE BLVD STE 18 BOCA RATON, FL US	Mailing Address 9101 LAKERIDGE BLVD SUITE 18 BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0711509	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILDER, LEONARD ESQ
800 E BROWARD BLVD STE 710
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

11. 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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

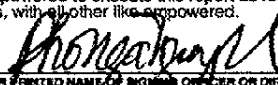
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHO, NGA N 1827 WILLOWPASS RD CONCORD, CA 94520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUACH, HON 9101 LAKERIDGE BLVD STE 18 BOCA RATON, FL 33496
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02/04/04-80029-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #