

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90001 019 \*\*\*150.00

**50060032**



<b>DOCUMENT # P95000044700</b> 1. Entity Name <b>SOON SING, INC.</b>					
Principal Place of Business <b>9101 LAKERIDGE BLVD STE 18 BOCA RATON, FL US</b>			Mailing Address <b>9101 LAKERIDGE BLVD SUITE 18 BOCA RATON, FL 33496</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0711509</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILDER, LEONARD ESQ 800 E BROWARD BLVD STE 710 FORT LAUDERDALE, FL 33301</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHO, NGA N		NAME		
STREET ADDRESS	1827 WILLOWPASS RD		STREET ADDRESS	<b>2068 SNOWBIRD DR.</b>	
CITY-ST-ZIP	CONCORD, CA 94520		CITY-ST-ZIP	<b>LODI, CA 95242</b>	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUACH, HON		NAME		
STREET ADDRESS	9101 LAKERIDGE BLVD STE 18		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	TS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHO, LAN N		NAME		
STREET ADDRESS	9101 LAKERIDGE BLVD STE 18		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b>			<b>Nga N. Pho</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

**209-333-5268**