

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90037 038 ***150.00

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01182006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000052110 1. Entity Name WAI MING, INC.					
Principal Place of Business 20505 S. DIXIE WAY MIAMI, FL 33189 US			Mailing Address 18999 BISCAYNE BLVD. SUITE 205 AVENTRUA, FL 33180 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0595655	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEN LEUNG, TOY 18999 BISCAYNE BLVD. SUTIE 205 AVENTRUA, FL 33180			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete SHAN WONG, STANLEY TIT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	20505 S. DIXIE HWY.		NAME		
STREET ADDRESS	MIAMI, FL 33189		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVS <input type="checkbox"/> Delete LEUNG, TOY WEN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	18470 SW 78TH PL		NAME		
STREET ADDRESS	MIAMI, FL 33157		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete LEUNG, JR., JOHN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	18470 SW 78TH PLACE		NAME		
STREET ADDRESS	MIAMI, FL 33157		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		
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 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 <i>Toy Leung</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/8/06</i> <small>Daytime Phone #</small>		