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

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P95000059724 1. Entity Name 04-26-2005 90144 026 ***150.00 WONG AND YUNG INC. Principal Place of Business Mailing Address 1011 N. STATE ROAD 7 1011 N. STATE ROAD 7 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0605483 Not Applicable Zip Country Zip 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 Name YUNG, HUI-ENE Street Address (P.O. Box Number is Not Acceptable) 1011 N. STATE ROAD 7 MARGATE FL 33063 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 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 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 TITLE TITLE Defete P Change X Addition YUNG, HUI-ENE NAME NAME MEI HUA CHEN 1011 N STATE RD 7 STREET ADDRESS STREET ADDRESS 3760 NE 8TH AVE #F CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP OAKLAND PARK, FL 33334 THE ☐ Delete ☐ Change X Addition NAME JOE WONG STREET ADDRESS STREET ADDRESS 2665 WIMBLEDON POINT DR., CITY-ST-ZIP CITY-ST-ZIP VIRGINIA, VA 23454 ☐ 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

SIGNING OFFICER OR DIRECTOR

FILED

4-20-2005 Dale

Davtime Phone #