

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # P96000016772</b><br>1. Entity Name<br><b>HOWE WING, INC.</b>   |  |   |  |  |   |
| Principal Place of Business<br><b>8341 NW 12 ST</b><br><b>MIAMI, FL 33184 US</b>   |  |   |  | Mailing Address<br><b>8341 NW 12 ST</b><br><b>MIAMI, FL 33184 US</b> |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc. |  |  |   |
| City & State   |  | City & State                              |  | 04082006 Chg-P CR2E034 (11/05)                                       |   |
| Zip Country  |  | Zip Country                               |  | 4. FEI Number<br><b>65-0654424</b>                                   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |   |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>WONG, YUK SUM</b><br><b>15340 SW 32 TERR.</b><br><b>MIAMI, FL 33185</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 resigning) DATE _____  |  |   |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |  |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>WONG, YUK SUM<br>15340 SW 32 TERR.<br>MIAMI, FL 33185  | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | U00000502745<br>04/26/06-80004-013 150.00                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVPS<br>WONG, MARUCA<br>15340 SW 32 TERR.<br>MIAMI, FL 33185 | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |   |  |  |   |
| <b>SIGNATURE: <u>Maruca Wong</u> MARUCA WONG</b>   |  |   |  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |  |   |
| Date Daytime Phone #   |  |   |  |  |   |