


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90188 042 \*\*\*150.00

<b>DOCUMENT # P96000022109</b>					
<b>1. Entity Name</b> <b>NEW CHUNG-YAT CORPORATION</b>					
<b>Principal Place of Business</b> 5110 NORMANDY BOULEVARD JACKSONVILLE, FL 32205			<b>Mailing Address</b> 5110 NORMANDY BOULEVARD JACKSONVILLE, FL 32205		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2016 EMERALD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. GREEN ROAD		03282007    Chg-P    CR2E034 (12/06)	
City & State		City & State JACKSONVILLE FL		<b>4. FEI Number</b> 59-3366205	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 32246		Country USA			
<b>6. Name and Address of Current Registered Agent</b>  NG, KWOK SHING 5110 NORMANDY BOULEVARD JACKSONVILLE, FL 32205			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HO, FUNG Y 5110 NORMANDY BLVD. JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NG KWOK, SHINP 5110 NORMANDY BLVD JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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>					
<b>SIGNATURE:</b> _____ <span style="float: right;">4/9/07</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					