2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000046463 1. Entity Name			Feb 16, 2006 08:00 AM Secretary of State
HUNG CHEE TRADING, INC.			
Principal Place of Business	Mailing Address	<u> </u>	
1221 NORTH DR N. MIAMI BEACH FL 33179 US	1221 NORTH DR N. MIAMI BEACH FL US	33179	
2. Principal Prace of Business	3. Mailing Address		-
Suite. Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State	City & State		4. FEI Number 65-0672707 Applied For Not Applied For
Zip Country	Zıp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent
PAN, QUING HONT 1221 NORTH DR NORTH MIAMI BEACH FL 33179		Name	
		Street Address	(P.O. Box Number is Not Acceptable)
		City	Zip Code
8. The above named entity submits this statement	for the purpose of changing i	ts registered office or registr	ered agent, or both, in the State of Florida. It am familiar with, and accept
the obligations of registered agent.			
SIGNATURE Signature, typed or punited name of registered age	nt and tale il applicatio (NC	TTE: Registered Agent signature requir	ad when romalating) DATE
FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Be
After May 1, 2006 Fee Will Be \$550,0 Make Check Payable to Florida Department			Trust Fund Contribution. Added to Fees
\	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DP	☐ Delete	Hint	☐ Change ☐ Artarita
NAME PAN, QUING HONT STREET ADDRESS 1221 NORTH DR		NAMÉ STREET ADDRESS	
CITY-SI-ZIP NORTH MIAMI BEACH FL 33179	1	CITY-ST-ZIP	
title D	☐ Delete	TIELE	U00000435836 □ Change □ Adente D2/27/06-80008-001 150.00
PAN, AIZHEN GUAN STREET ADDRESS 1221 NORTH DR		NAME STREET ADDRESS	02/27/06-88008-001 150.00
CITY-ST-ZIP N. MIAMI BEACH FL 33179		CITY-ST-ZIP	
TILL	[] Delete	10277	☐ Change ☐ Addition
NAME STREET AUDITESS		NAME STREET ADDRESS	
Stra-21-21b		CITY-ST-ZIP	
FISLE	☐ Defete	IIILE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDINGSS GUTY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
MITE	☐ Defete	TITLE	☐ Change ☐ Addition
NAME	<u> </u>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST. ZIP		CITY - ST - ZIP	
ITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET AUDRESS		STREET ADDRESS	
CITY-ST-ZIP		C(TY-SI-ZIP	
12. Thereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee e	t is true and accurate and tha	at my signature shall have th	ned in Section 118, Florida Statutes. I further certify that the information is same legal affect as if made under path, that I am an officer or director

Far Quing HONT PAN Feb. 13, 2006 954-438-1060

FILED