## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 02, 2005 08:00 AM **Secretary of State DOCUMENT # P97000019287** KWAI CHUNG, INC. Principal Place of Business Mailing Address 109 F E. BOYNTON BEACH BLVD 109 F E. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33425 BOYNTON BEACH, FL 33425 US No Chg-P CR2E034 (10/03) 02042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0735034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent LI, WEI M DO NOT WRITE 704 NE 89TH AVE BOYNTON BEACH, FL 33435 IN THIS SPACE 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 like if applicable (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME LI, WEI M U000000249383 704 NE 8TH AVE STREET ADDRESS 03/02/05-80069-014 150.00 CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

WE: M. Li WEI M. Li

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT

02 25 04

(954)946-8011

**FILED**