## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P97000087118** 02-15-2007 90043 038 \*\*\*150.00 CHANG FU, INC. Principal Place of Business Mailing Address 14700 N.E. 6TH AVENUE 18999 BISCAYNE BLVD. 40017937 NORTH MIAMI, FL 33161 SUITE 205 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-0786411 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHEN, YONG JIE Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD 205 AVENTURA, FL. 133180 City 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 egent and title if applicable (NOTE: Registered Agent tignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PΠ ☐ Change Addition ☐ Delete TITLE CHEN, YONG JIE NAME NAME STREET ADDRESS 14700 N.E. 6TH AVENUE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33161 CITY-ST-ZIP \_\_\_ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TELLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 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. 413/07

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 15, 2007 8:00 am

Daytime Phone 4