

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91290 028 ***150.00

DOCUMENT # P97000093057

1. Entity Name

FANLING, INC.



Principal Place of Business

391 SOUTH TAMiami TRAIL
VENICE FL 34285-2423

Mailing Address

391 SOUTH TAMiami TRAIL
VENICE FL 34285-2423

24055843



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Mrs Chan's

3. Mailing Address

Suite, Apt. #, etc.

391 S. TAMiami Tr

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Zip

34285

Country

Zip

Country

4. FEI Number

65-0790879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAN, YUEN FONG
391 S TAMiami TRAIL
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CHUENG, ANTHONY MAN
STREET ADDRESS 391 S. TAMiami TR
CITY-ST-ZIP VENICE FL 34210

TITLE V ☐ Delete
NAME TRAN, YUEN FONG
STREET ADDRESS 5215 52ND AVE W
CITY-ST-ZIP BRADENTON FL 34210

TITLE S ☐ Delete
NAME LAM, JESSICA YUEN
STREET ADDRESS 391 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

Daytime Phone #