## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 20, 2006 08:00 AM DOCUMENT # P98000028605 **Secretary of State** 1. Entity Name C.H.N.T.W. INC. Mailing Address Principal Place of Business 899 NORTH HOMESTEAD BLVD 899 NORTH HOMESTEAD BLVD HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For FEI Number 65-0848215 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WANG, SHI MING DO NOT WRITE 899 NORTH HOMESTEAD BLVD HOMESTEAD, FL 33030 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE WANG, SHI MING NAME 899 N HOMESTEAD BLVD. STREET ADDRESS HOMESTEAD, FL 33030 CITY-ST-ZIP U00000391449 01/24/06-80041-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

1-11-06

Daytime Phone #