

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000028279

1. Entity Name
HING FA, INC.



Principal Place of Business Mailing Address
26655 S DIXIE HWY **26655 S DIXIE HWY**
MIAMI FL 33032 **MIAMI FL 33032**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
65-0910611 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIN-YEUNG, CHENG
14600 SW 125TH PLACE
MIAMI FL 33186

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

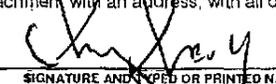
TITLE	P	<input type="checkbox"/> Delete
NAME	CHENG, HIN Y	
STREET ADDRESS	14600 SW 125TH PLACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHENG, WAI Y	
STREET ADDRESS	14457 SW 122TH PLACE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHENG, HUI C	
STREET ADDRESS	14600 SW 125TH PLACE	
CITY - ST - ZIP	MIAMI FL 33186	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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 01/28/05-80063-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: **1-26-2005** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR