

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90055 035 \*\*\*150.00

**DOCUMENT # S01508**

1. Entity Name  
**PI-SHENG CHIANG, INCORPORATED**



Principal Place of Business  
**6636 S US 1 HWY  
PORT SAINT LUCIE, FL 34952 US**

Mailing Address  
**345 E. WEATHERBEE RD.  
#140  
FORT PIERCE, FL 34982 US**

**50063116**



2. Principal Place of Business

3. Mailing Address

**6636 S. US 1 Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162005

Chg-P

CR2E034 (10/03)

City & State

City & State

**Port St. Lucie, FL**

4. FEI Number

**65-0219656**

Applied For

Not Applicable

Zip

Country

Zip

**34952**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIANG, PI-SHENG  
345 E. WEATHERBEE RD. #140  
FORT PIERCE, FL 34982**

Name **Elsa Zamora**

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

**2077 SE Harding St.**

City

**Port St. Lucie**

FL

Zip Code

**34952**

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

*Elsa Zamora*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President / Director** ☐ Change ☒ Addition  
NAME **Elsa Zamora**  
STREET ADDRESS **2077 SE Harding St.**  
CITY-ST-ZIP **Port St. Lucie, FL 34952**

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

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

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

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

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

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:

*Elsa Zamora*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
#501500  
50063116

8/17/05

To whom it may concern,  
I am the new owner  
of Shang-Hai Restaurant. Up  
to recently I wasn't aware  
that there is a due payments  
for 2005 Profit Corporation  
Annual Report. I never received  
anything in the mail in regards  
to this matter. I truly  
apologize. I promise not have  
this delay next time.

Sincerely Yours

Elsa

B - 772 - 464 - 8861

Cell - 772 - 240 - 1506