2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S50590

FILED Jan 31, 2005 8:00 am Secretary of State 01-31-2005 90136 009 ***150.00

1. Entity Nam SUN HING											
Principal Place of Business Mailing Address					1	一			= 0		0
5335 E. 69TH STREET 4			420 OLD MAIN STREET	420 OLD MAIN STREET BRADENTON, FL 34205					50	00884	2
2. Principal P	lace of Busin	ness	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01122005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Number 65-0264346				plied For t Applicable	
Zip	Country 6. Name and Address of Current R		: Zip	Count				of Status Desi		\$8.75 Add Fee Required	
	_	Name		7. Name and	Address of N	ew Registered	Agent				
WALLACE, JAMES F 420 OLD MAIN ST. BRADENTON, FL 34206						ess (F	P.O. Box Numb	er is Not Accer	otable)		
		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, typed	or printed name of registered agent a	nd pile if applicable. (NOT	E: Registers	ad Agent signature re	purred	when reinstating)		DATE.	****	
		FEE IS \$150.00 5 Fee will be \$550.0	ncing	\$5. Adda	00 May Be ad to Fees						
10. OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NG, CHU 4901 ERI PARRISH		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NG, JON 5335 69T PALMET		☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD Delete NG, KWOK F- 7008 40TH AVE, E- PALMETTO, FL 34224				AE .	NG	TD MChange Addition THE HAMST. CIRCLE E				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL I NAM STRI	E .	5 K/	<u>apen (un</u>	, F		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Delete		L L	- ·				Change	Addition .
	Certify that th	ne information supplied with	this filing does not qualify fo			n Se	ction 119.07(3)	(i), Florida Stat	utes. I further cer	rtify that the in	nformation or director

CH PA

Indicated on this report or supplied with this iming does not qualify by 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.