

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90280 025 \*\*\*150.00

**DOCUMENT # S82608**

1. Entity Name  
MARY ANN BAKERY HOUSE, INC.



Principal Place of Business  
1284 N.E. 163RD ST.  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
1284 N.E. 163RD ST.  
NORTH MIAMI BEACH, FL 33162

14017076



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0286960

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LING, KENNY  
1284 N.E. 163RD ST.  
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	LAM, KAREN
STREET ADDRESS	1284 N.E. 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	VD
NAME	CHUNG, KWONG YICK
STREET ADDRESS	1284 N.E. 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	PD
NAME	LING, KENNY
STREET ADDRESS	1284 N.E. 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	TD
NAME	LING, XI WEN
STREET ADDRESS	1284 NE 163 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *X* *Kenny Ling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05. 954-829-3951  
Date Daytime Phone #