

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S99453**

1. Entity Name  
**CHUNG HENG, INC.**



Principal Place of Business  
**2542 SW 27TH AVE  
MIAMI, FL 33133**

Mailing Address  
**3362 SW 24 TERRACE  
MIAMI, FL 33145 US**



02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0300145</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**WONG, OLGA  
3362 SW 24 TERR  
MIAMI, FL 33145**

**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 *Olga Wong*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/20/05*

**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	PVST
NAME	WONG, OLGA
STREET ADDRESS	3362 SW 24 TERRACE
CITY - ST - ZIP	MIAMI, FL 33145

TITLE	PDS
NAME	WONG, OLGA
STREET ADDRESS	3362 SW 24 TERRACE
CITY - ST - ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

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04/25/05-80126-007 150.00

**DO NOT WRITE  
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 another like empowered.

SIGNATURE: *Olga Wong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*4/20/05*

*305-448-2678*