

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # V22134

1. Entity Name
CHEONG YICK CO, INC.



Principal Place of Business
**1232 NE 163 ST
NO MIAMI BEACH, FL 33162 US**

Mailing Address
**1232 NE 163 STREET
NO MIAMI BEACH, FL 33162 US**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-2435224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YAN, MOW TAI
1232 NE 163RD STREET
NO 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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000594395
01/22/07-80070-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MING HEUNG, YAN
STREET ADDRESS	1232 NE 163RD ST
CITY-STATE-ZIP	NO MIAMI BCH, FL
TITLE	VP
NAME	MING KIT, YAN
STREET ADDRESS	88 THOMSON RD 1ST FLR
CITY-STATE-ZIP	WAN CHAI, HO
TITLE	VP
NAME	MING YUK, YAN
STREET ADDRESS	88 THOMSON RD 1ST FLR
CITY-STATE-ZIP	WAN CHAI, HO
TITLE	PD
NAME	YAN, MOW TAI
STREET ADDRESS	1232 NE 163RD ST
CITY-STATE-ZIP	N MIAMI BCH, FL 33162
TITLE	VP
NAME	WU, KAM LING
STREET ADDRESS	15598 SW 109TH TERRACE
CITY-STATE-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 18 2007