

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000074165

**Entity Name:** WONG WHOLESALE, INC.**Current Principal Place of Business:**4225 NW 72ND AVE  
MIAMI, FL 33166**Current Mailing Address:**19410 NW 5TH ST  
PEMBROKE PINES, FL 33029 US**FEI Number:** 65-1123425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOGUEIRA, SILVIA M  
4225 NW 72ND AVE  
MIAMI, FL 33166 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                  |
|-----------------|------------------|
| Title           | PD               |
| Name            | GONZALEZ, LEONOR |
| Address         | 4225 NW 72ND AVE |
| City-State-Zip: | MIAMI FL 33166   |

|                 |                    |
|-----------------|--------------------|
| Title           | VD                 |
| Name            | NOGUEIRA, SILVIA M |
| Address         | 4225 NW 72ND AVE   |
| City-State-Zip: | MIAMI FL 33166     |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | GONZALEZ, PEDRO JR F |
| Address         | 4225 NW 72ND AVE     |
| City-State-Zip: | MIAMI FL 33166       |

|                 |                      |
|-----------------|----------------------|
| Title           | SD                   |
| Name            | GONZALEZ, PATRICIA V |
| Address         | 4225 NW 72ND AVE     |
| City-State-Zip: | MIAMI FL 33166       |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | FINKELSTEIN, URSULA |
| Address         | 4225 NW 72ND AVE    |
| City-State-Zip: | MIAMI FL 33166      |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SILVIA M. NOGUEIRA

VP

04/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date