

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000757

**Entity Name:** PANDA CARES FOUNDATION, INC.

**Current Principal Place of Business:**

1683 WALNUT GROVE AVE  
ROSEMEAD, CA 91770

**Current Mailing Address:**

1683 WALNUT GROVE AVE  
ROSEMEAD, CA 91770 US

**FEI Number: 81-2094929**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DIRECTOR  
Name           BURKE, DENNIS  
Address        1683 WALNUT GROVE AVENUE  
City-State-Zip: ROSEMEAD CA 91770

Title           DIRECTOR  
Name           CHERNG, ANDREW JIN-CHAN  
Address        1120 N. TOWN CENTER DRIVE  
                  SUITE 150  
City-State-Zip: LAS VEGAS NV 89144

Title           DIRECTOR  
Name           CHERNG, PEGGY TSIANG  
Address        1120 N. TOWN CENTER DRIVE  
                  SUITE 150  
City-State-Zip: LAS VEGAS NV 89144

Title           SECRETARY  
Name           CHAN, WINNIE  
Address        1683 WALNUT GROVE AVENUE  
City-State-Zip: ROSEMEAD CA 91770

Title           TREASURER/CFO  
Name           CHERNG, PEGGY TSIANG  
Address        1120 N. TOWN CENTER DRIVE  
                  SUITE 150  
City-State-Zip: LAS VEGAS NV 89144

Title           PRESIDENT/CEO  
Name           CHERNG, PEGGY TSIANG  
Address        1120 N. TOWN CENTER DRIVE  
                  SUITE 150  
City-State-Zip: LAS VEGAS NV 89144

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WINNIE CHAN**

**SECRETARY**

**02/24/2023**

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

\_\_\_\_\_  
Date