2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-17-2005 90025 005 ***150.00

66006444

DOCUMENT # P02000070030

1. Entity Name

OSCEOLA COMMERCE CENTER, INC.

Principal Place of Business	Mailing Address
2100 MICHIGAN AVE. KISSIMMEE FL 34741	PO BOX 691883 ORLANDO FL 32869-1883

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 32-0022000 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SY, SIMEON C 22 W. MONUMENT AVE, SUITE 20 KISSIMMEE FL 34741	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, RONG I 2209 NE 35TH ST. OCALA FL 34479	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN RONG I 370 W. FLETCHER ST KISSIMMEE, FL 34741	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 RONG I CHEN 2/9/05 (352)895-6834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

6600644

DOCUMENT # P02000070030

ENTITY NAME : OSCEOLA COMMERCE CENTER, INC

FEI NUMBER : 32-0022000

OWER : RONG I CHEN

CURRENT MAILING ADDRESS IS :

RONG I CHEN

370 W. FLETCHER ST

KISSIMMEE, FL. 34741

Rong I Chen

3/18/05

--6600064744 ATTACHMENT #P20000070030

APPLICATION TO COLLECT AND/OR REPORT TAX IN FLORIDA
SECTION A — BUSINESS INFORMATION

DR-1
R. 05/02
Page 1

Please use BLACK or BLUE ink ONLY and type or print clearly.

Indicate tax registration you are seeking.

This application is for (check all that apply):

✔	Tax Type	Fee Due	Complete Sections
	Sales and Use Tax	$5.00 *	A, B, H
	Use Tax Only	No fee	A, B, H
	Solid Waste Fees	No fee	A, B, C, H
	Unemployment Tax	No fee	A, D, H
	Gross Receipts Tax on Electrical Power and Gas	No fee	A, E, H
	Gross Receipts Tax on Dry Cleaning	$30.00	A, E, H
	Documentary Stamp Tax	No fee	A, F, H
	Communications Services Tax	No fee	A, G, H

* The $5 registration fee does not apply if this application is for a business location outside the State of Florida.

1. Check the box that applies:
☐ New business entity ☐ New business location ☐ Change of county location (from one Florida county to another) ☑ Change of legal entity (proprietorship to partnership; partnership to corporation, etc.)

This change is effective (enter date): 09 (month) / 01 (day) / 2002 (year)

List below your old sales tax certificate number(s) to be canceled.
59-05-014695-82-9

If this is a seasonal business (not open year-round), list the first and last months of your season. First month: _____ Last month: _____

2. Beginning date of business activity for this location or entity: ..... (month / day / year)
Provide the date this business location or entity became or will become liable for Florida taxes). Do not use your incorporation date unless that is the date your business became liable for the tax. If you have been in business longer than 30 days prior to registering, contact the DOR service center nearest you.
If incorporated, please provide incorporation date: ..... 06 / 25 / 2002

3. Business name: Business, trade, or fictitious (d/b/a) name OSCEOLA COMMERCE CENTER, INC.	Business telephone number: 407 922 - 1408
4. Owner name: Legal name of individual, principal partner, or corporation RONG I. CHEN, President	Owner telephone number: ( ) -
5. Business location: Complete physical address of business or real property. Home-based businesses and non-permanent flea market/craft show vendors must use their home addresses. Listing a post office box, private mailbox, or rural route number is not permitted. 2200 MICHIGAN AVE	Fax number: 407 523 - 0904
City/State/ZIP: KISSIMMEE, FL. 34744	County: OSEOLA
6. Mail to the attention of: Simeon C. Sy, EVERGREEN REALTY	
Mailing address: P.O. Box 691883	
City/State/ZIP: ORLANDO, FL. 32869-1883	County: ORANGE
E-mail address: simeonsy@aol.com	Is business located within city limits? ☑ Yes ☐ No

7. If you have a Consolidated Sales Tax Number and want to include this business location, please complete the following:
_____ 80-_____-_____
Consolidated registration name on record with the Florida Department of Revenue. Consolidated registration number
If you want to obtain a new consolidated number, contact the Department and request Form DR-1CON.

8. Business Entity Identification Number (If an FEIN is not required for your business entity, the social security number of the owner will be accepted.)
a Federal Employer Identification Number (FEIN): 32-0022000-
b Social Security Number (SSN) of owner: 069-74-1627

FOR DOR OFFICE USE ONLY

mo qu ss an se oc org code | SUT No. | kind | sic | office code

M/Delivery ___/___/___ Doc Stamp No.

SAP B.P. No. Gross Receipts No.