


### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

# FILED Aug 09, 2007 8:00 am Secretary of State

08-09-2007 90053 004 \*\*\*150.00

**DOCUMENT # P05000128691**

1. Entity Name  
**KAI LIU, INC**



Principal Place of Business: **13900 S. JOG ROAD, STE. 207 DELRAY BEACH, FL 33484**

Mailing Address: **11764 W SAMPLE RD STE 101 CORAL SPRINGS, FL 33065**


2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip Country



08012007 Chg-P CR2E034 (12/06)

4. FE Number: **20-3493064** Applied For:  Not Applicable

5. Certificate or Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIU, KAI  
6402 CATALINA LN.  
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

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 is not applicable. (NOTE: Registered Agent signature required when incorporating.)

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P LIU, KAI 6402 CATALINA LN. TAMARAC, FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VP CHEN, LIMIN 6402 CATALINA LN. TAMARAC FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other fee empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR