

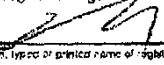
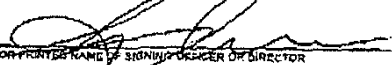
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STUART EN

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90034 050 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F00000005654														
1. Entity Name 4U SERVICES, INC.														
Principal Place of Business 57 W 38TH ST 11TH FLOOR NEW YORK, NY 10018	Mailing Address 57 W 38TH ST 11TH FLOOR NEW YORK, NY 10018	40102851  08292006 No Chg-P CR2E034 (11/05) 4. FEI Number: 11-3189413 Applied For (Not Applied) 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent CHOU, HOWARD 7806 NW 46TH ST MIAMI, FL 33166														
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  DATE 8/31/06 Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when relinquishing)														
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	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 <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>P CHEN, LIANG J 57 W 38TH ST, 11TH FLR NEW YORK, NY 10018</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, LIANG J 57 W 38TH ST, 11TH FLR NEW YORK, NY 10018	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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. SIGNATURE:  DATE 8/30/06 (20) 432-2848 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR														

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