## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**FILED** Jul 20, 2006 08:00 AN Secretary of State

1. Entity Name

CHINA ARTS AND CRAFTS, INC.



Principal Place of Business

4848 S.W. 72ND AVENUE MIAMI, FL 33155

Mailing Address

4848 S.W. 72ND AVENUE MIAMI, FL 33155



## DO NOT WRITE IN THIS SPACE

07132006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2396547 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPES OR PRINTED N.

HSIUNG, JOHN 7490 S.W. 73RD TERR. MIAMI, FL 33143

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose ons of registered agent.	of changing its registered	d office or re	gistered agent, or bo	oth, in the State of Florida.	I am familiar wit	h, and accept
	The tree of the tree of the contract of			and the second	000000571	484	
SIĞNĀTÜRĒ.	Signature, typed or printed name of registered agent and title if applicable	ile. (NOTE: Registered	Agent signature r	equired when reinstating)	<del>-07/20706-800</del>	11=020-15	<del>10:100</del> -
".	i	·			[		
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006		ing 🖂	\$5.00 May Be Added to Fees	In accordance with s corporation did not r	s. 607.193(2)(b eceive the prio	), F.S., the r notice.	
10.	OFFICERS AND DIRECTORS			·			
TITLE	Р .		•	Same of the contract of the co	•		
NAME	HSIUNG, AMY Y.						
STREET ADDRESS						*	
CITY+ST-ZIP	MIAMI, FL		.*	9			
TITLE	V HSIUNG, JOHN		,				
NAME STREET ADDRESS	7490 SW 73 TERRACE	·	u J	. '			
CITY-ST-ZIP	MIAMI, FL						
TITLE	S			programme to the second			
NAME	HSIUNG, WAYNE J.			•		•	
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CITY-ST-ZIP	MIAMI, FL		*	, – –			
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CITY-ST-ZIP	MIAMI, FL	•					
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CITY-ST-ZIP	The second of th		ك أبيت بر	4 - 140 - 3 - 15 from 1 - 1 - 10	and the second second		
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 affect as if made under cath; 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.							