

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90243 018 ***150.00

0570454 AV

DOCUMENT # H55863

1. Entity Name
GOLDEN HOUSE OF CHIEFLAND, INC.



Principal Place of Business
**3906 S SUNCOAST BLVD
HOMOSASSA SPRINGS FL 34448**

Mailing Address
**3906 S SUNCOAST BLVD
HOMOSASSA SPRINGS FL 34448**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CHEN, KATHERINE
16 GULF VIEW COURT
HOMOSASSA FL 34448**

4. FEI Number **59-2535582**
Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name **JIANMIN LI**
Street Address (P.O. Box Number is Not Acceptable)
3906 S SUNCOAST BLVD
City **HOMOSASSA SPRINGS FL** Zip Code **34448**

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 Jianmin Li (NOTE: Registered Agent signature required when reinstating) DATE 02-09-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEN, PAN	
STREET ADDRESS	9405 CRAB TREE LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CHEN, KATHERINE	
STREET ADDRESS	16 GULF VIEW	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIANMIN LI	
STREET ADDRESS	16808 LANDINGS POINTE LN # 308	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, SHENG GUAN	
STREET ADDRESS	3906 S SUNCOAST BLVD	
CITY-ST-ZIP	HOMOSASSA SPRINGS, FL 34448	
TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LI, JIANMIN	
STREET ADDRESS	16808 LANDINGS POINTE LN # 308	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Jianmin Li **LI JIRED** DATE: 02-09-03 DAYTIME PHONE #

CR2E034 (10/02)