2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80701

1. Entity Name

CHINA PANDA, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90108 024 ***150.00

						- 1			
Principal Place of Business 6780 FOREST HILL BLVD. WEST PALM BEACH FL 33413			Mailing Address 6780 FOREST HILL BLVD. WEST PALM BEACH FL 33413				TO THE TOTAL THE		
Place of Busi	iness	3. Ma	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	FEI Number 65-0005986 Applied For Not Applied		
Zip Country				Cour	try 5. Certificate of Sta		i. Certificate of Status Desired See Required		
6. Nam	e and Address of Curren	t Register	ed Agent			7.	. Name and Address of New Registered Agent		
SUN, SHU-WEI				Name					
	? .		Street Addre			Iress (P.O. I	. Box Number is Not Acceptable)		
					-				
•					City FL Zip Code				
e named entit tions of regis	ty submits this statement f tered agent.	or the purp	pose of changing its	registere	ed office or re	egistered ag	agent, or both, in the State of Florida. I am familiar with, and acce		
Signature types	Or printed pame of registered agen	t and title if any	Niceble (NOTE						
			I (1401E	:: negisielei	Agent signature	required when i	n reinstating) DATE		
May 1, 20	03 Fee will be \$550.00						9: Election Campaign Financing \$5:00 May Br Trust Fund Contribution. Added to Fees		
	OFFICERS AND	DIRECTO	RS	11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
D ISUN SHUT							☐ Change ☐ Addition		
TREET ADDRESS 480 NW 20TH ST. NO. B314 ITY-ST-ZIP BOCA RATON FL					STREET ADDRESS CITY-ST-ZIP				
236 #A FC	Sun, Shu-Wei 236 #A Fox Tail dr.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· •	☐ Change ☐ Additf		
			☐ Delete	NAME STREE	T ADDRESS	144-	☐ Change ☐ Additi		
	, 74		Delete	STREE	T ADDRESS	- 1.	☐ Change ☐ Addition		
			☐ Delete	TITLE NAME STREE	T ADDRESS		☐ Change ☐ Addition		
ADDRESS S S C			CITY-S	ST-ZIP		☐ Change ☐ Addition			
	HILL BLVD. BEACH FL 33 Place of Busi #, etc. te 6. Name OX TAIL DF BCH. FL 33 F BCH. FL 33 F BCH. FL 33 F BCH. FL 34 F	HILL BLVD. BEACH FL 33413 Place of Business #, etc. te Country 6. Name and Address of Curren J-WEI OX TAIL DR. BCH. FL 33415 e named entity submits this statement fritions of registered agent. Signature, typed or printed name of registered agen ILE_NOW!!!_FEE_IS_\$150.00 T May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of COFFICERS AND D SUN, SHU L 480 NW 20TH ST. NO. B314 BOCA RATON FL VP SUN, SHU-WEI 236 #A FOX TAIL DR. W. PALM BCH. FL 33415	HILL BLVD. BEACH FL 33413 Place of Business 3. Me At the etc. Country Country	HILL BLVD. BEACH FL 33413 WEST PALM BEACH FL 3 Place of Business 3. Mailing Address 4. etc. Country Zip 6. Name and Address of Current Registered Agent J-WEI OX TAIL DR. BCH. FL 33415 Panamed entity submits this statement for the purpose of changing its tions of registered agent. Place NOW ILL FEE, IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS D SUN, SHU L 480 NW 20TH ST. NO. B314 BOCA RATON FL VP UP UP UP UP UP UP UP UP UP	HILL BLVD. BEACH FL 33413 Place of Business 3. Mailing Address 4. Metc. City & State Country Zip Country Zip Country Zip Country And Address of Current Registered Agent Country And Address of Current Registered Agent DWEI OX TAIL DR. BCH. FL 33415 Penamed entity submits this statement for the purpose of changing its registered ions of registered agent. Signature, speed or privated name of registered agent and title if applicable. RNOTE: Registered agent. Signature, speed or privated name of registered agent and title if applicable. Signature, speed or privated name of registered agent and title if applicable. Signature, speed or privated name of registered agent and title if applicable. Signature, speed or privated name of registered agent and title if applicable. Signature, speed or privated name of registered agent and title if applicable. Signature, speed or privated name of registered agent and title if applicable. Signature, speed or privated name of registered agent and title if applicable. (NOTE: Registered agent. In It is a speed or privated name of registered agent and title if applicable. (NOTE: Registered agent. Signature, speed or privated name of registered agent and title if applicable. (NOTE: Registered agent. (NOTE: Registered agent. In It is a speed or privated name of registered agent and title if applicable. (NOTE: Registered agent. (NOTE: Regist	## FILL BLVD. ## FROM FOREST HILL BLVD. ## FROM FOREST HILL BLVD. ## FROM BEACH FL 33413 ## etc. Suite, Apt. #, etc. City & State	HILL BLVD. BEACH FL 33413 BY etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Street Address (PO Name Address (PO Name Street Address (PO Name City BCH, FL 33415 City Inamed entity submits this statement for the purpose of changing its registered office or registered tions of registered agent. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provide name of registered agent and tike if applicable. Signature, year or provided name of registered agent and tike if applicable. Signature, year or provided name of registered agent. (ArOTE: Registered Agent agent agent and tike if applicable. (ArOTE: Registered Agent agent agent and tike if applicable. (ArOTE: Registered Agent agent agent and tike if applicable. (ArOTE: Registered Agent a		

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 gither like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR