## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2007 08:00 A Secretary of State DOCUMENT # K13008 1. Entity Name SUPER DRAGON, INC. Principal Place of Business Mailing Address 4216 NW 12TH ST 4216 NW 12TH ST **LAUDERHILL FL 33313-5817 LAUDERHILL FL 33313-5817** 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 65-0024912 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LING, TANG KWAI Street Address (P.O. Box Number is Not Acceptable) 8139 S SAVANNAH CIRCLE DAVIE FL 33328 City Zin Codo 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, lyped or printed name of registered agont and title it applicable. (NOTE Registered Agent signature required when registering) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition 11111 \_\_ Change TITLE Delete LING, TANG KWAI NAME NAMI 000000668142 03/27/07-80016-020 150.00 8139 S SAVANNAH CIR STREET ADDRESS STREET ADDRESS **DAVIE FL 33328** CITY - ST-ZIP CITY-S1-7IP DT Addition TITLE □ Deleie Blif Change LING, LI QIONG NAMI\* MAM 8139 S SAVANNAH CIR STREET ADDRESS STREET ADDRESS **DAVIE FL 33328** CITY-ST-7IP CITY-ST-7IP Change ■ Addition THILE Delete BRU NAMI NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 71P CITY - ST - 7(P Delete Addition ☐ Change BILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP Change ☐ Addition HIII Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7IP HILL. ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

AND THE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR

x 3/3/01

(914)583-2546

Davime Phone #

**FILED**