2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 13, 2008 08:00 AN DOCUMENT # K13008 **Secretary of State** 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 # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0024912 Not Applicable Country \$8.75 Additional 5. Certificate 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** Zip Code 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, typed or printed name of registered agent and the Tripplicacie (NOTE: Registered Agent eignature required when reinstituting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Defete TITLE ☐ Change ☐ Addition TITLE LING, TANG KWAI H00000828086 NAME NAME 02/21/08-80035-011 150.00 STREET ADDRESS 8139 S SAVANNAH CIR STREET ADDRESS DAVIE FL 33328 CITY-ST-7IP CITY-ST-ZiP TITLE DT ☐ Derete TITLE ☐ Change Addition LING, LI QIONG NAME NAME 8139 S SAVANNAH CIR STREET ADDRESS STREET ADDRESS CITY-ST-7/2 **DAVIE FL 33328** CITY-ST- 7P TITLE ☐ Delete □ Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 1171.6 Change ☐ Addition ☐ Daiete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiele ☐ Change TIDE TITLE Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F Defele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information

SIGNATURE: Y TOWN LOW TANG KWAI LING 4 2/10/08 (454)583-2546

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.