2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # L07000077458 1. Entity Name WEI BAO, LLC							02-21-2008 9	0065 044	l ***138.°	75
Principal Place of Business 2431 N FEDERAL HWY BOCA RATON, FL - 33431 US			Mailing Address C/O ABC, 1535 SE 17TH ST B206		S US		60009507			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02082008	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State		4. FEI Numb		144		olied For Applicable	
Zip '	Country		Zip Coun		itry		e of Status Desired	п \$	5.00 Addi	
	6. Name	and Address of Current I	Registered Agent	Name	7. Name and	d Address of New R	egistered A	gent		
CHEN, GIN CHING					name				_	
3479 D RC	DAD	33470			Street Address (P.O. Box Number is Not Acceptable)					
	٠				City		·	FL	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 title fill applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
VISU DICTION TO THE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make Florida	e check pa	nt of State	
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEN, GI 3479 D RO LOXAHAT		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS City-St-Zip	MGR CHEN, W 3479 D RO LOXAHAT						·	•	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	- 1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 15/08 (501) 4984703 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date										