

# 2006 FOR PROFIT CORPORATION

**DOCUMENT # L26263**

1. Entity Name  
**SHANGHAI EXPRESS, INC.**



Principal Place of Business  
222 WEST WATERS AVENUE  
TAMPA FL 33604

Mailing Address  
222 WEST WATERS AVENUE  
TAMPA FL 33604

FILED

07 JAN 12 PM 4:41

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, DAVID B.**  
501 EAST KENNEDY BLVD. SUITE 1400  
TAMPA FL 33602

Name: Thomas R. Smith

Street Address (P.O. Box Number is Not Acceptable)

15910 EAGLE RIVER WAY

City TAMPA

FL

Zip Code 33624

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]*

Thomas R. Smith EA

1-10-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 6, 2006**  
**Make Check Payable to Florida Department of State**

S. 607.193(2)(h), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, WEN LUNG	
STREET ADDRESS	1402 EAST FOWLER AVENUE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIU, TSUI LIN	
STREET ADDRESS	18529 AVOCET DR.	
CITY - ST - ZIP	LUTZ FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400081656374
CITY - ST - ZIP	11/09/06--01029--005 **550.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400081656374
CITY - ST - ZIP	01/30/07--01023--019 **150.00
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	400081656374
CITY - ST - ZIP	01/30/07--01023--020 **200.00
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 exemptions contained in Chapter 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:

Tsui Lin Chiu, Tsui Lin Chiu

Date

Daytime Phone #

11-4-06

935-7273