

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # L48525**

1. Entity Name  
**FORMOSA SUNRISE CORPORATION**



**FILED**

**06 SEP 20 PM 2:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**14975 TECHNOLOGY CT  
FORT MYERS, FL 33912**

Mailing Address  
**14975 TECHNOLOGY CT  
FORT MYERS, FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08132006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0174924**

Applied For  
Not Applicable

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

**WU, WEN-JONG  
1420 CARMELLE DR.  
FT. MYERS, FL 33919**

**NEW ADDRESS →**

Name

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

**13633 BRYNWOOD LANE**

City

**FT MYERS**

**FL**

Zip Code

**33912**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WU, WEN-JONG**  
STREET ADDRESS **13633 BRYNWOOD LN**  
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **VP** ☒ Delete  
NAME **KUEI YING WU**  
STREET ADDRESS **9915 VANILLALEAF ST**  
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **300080188523**  
STREET ADDRESS **09/26/06--01067--018 \*\*\$61.25**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP MAYLENE KIANG WU**  
STREET ADDRESS **13633 BRYNWOOD LANE**  
CITY-ST-ZIP **FT MYERS, FL 33912**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WEN-JONG WU**

✓ **9-15-06**

Date

Daytime Phone #

**K. Eckel SEP 21 2006**