## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 14, 2007 08:00 AM DOCUMENT # L82050 **Secretary of State** 1. Entity Name SZE-CHUAN PANDA, INC. Principal Place of Business Mailing Address 8440 W OAKLAND PARK BLVD SUNRISE FL 33351 8440 W OAKLAND PARK BLVD SUNRISE FL 33351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Numbor Applied For City & State 65-0200328 Not Applicable Zıp Country 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 HSU, YO-CHANG 8440 W. OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 Cily 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 egent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΠP III& Delete MIL Change Addition HSU, YO-CHANG NAME U00000635084 02/22/07-80038-010 150.00 NAME 8440 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-S1-7IP CHY-SI-ZIP ☐ Delete Change ☐ Addition HSU, JANET S NAME 10360 NW 18TH PLACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CiTY-SI-ZIE TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP TITLE HILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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.