


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90119 017 \*\*\*150.00

<b>DOCUMENT # M57683</b>	
1. Entity Name <b>SNOW PEAS INTERNATIONAL, INC.</b>	

Principal Place of Business <b>1480 NW 96TH AVE. MIAMI, FL 33172 US</b>	Mailing Address <b>1480 NW 96TH AVE. MIAMI, FL 33172 US</b>
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**60012560**

2. Principal Place of Business - No P.O. Box # <b>2289 N.W. 82nd Ave.</b>	3. Mailing Address <b>2289 N.W. 82nd Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01242007 Chg-P CR2E034 (12/06)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33122</b>	Country <b>Dade</b>
Country <b>U.S.A.</b>	

4. FEI Number <b>65-0008281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>WEITZMAN, JACK L. 10701 SW 104TH ST. MIAMI, FL 33176</b>	7. Name and Address of New Registered Agent Name <b>Ng, Pak C</b> Street Address (P.O. Box Number is Not Acceptable) <b>2289 N.W. 82nd Ave.</b> City <b>Miami</b> FL Zip Code <b>33122</b>
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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 _____ DATE <b>1-24-07</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRED NG, PAK C 541 NW 124 AVENUE MIAMI, FL 33182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRED Ng, Pak C P.O. BOX 227634, Doral, FL. 3322</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NG, SUE Y 541 NW 124 AVE MIAMI, FL 33182</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <b>PAK NG</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>1-24-07</b> Daytime Phone # <b>305 477-2238</b>