

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90042 041 \*\*\*150.00

<b>DOCUMENT # P00000080840</b>					
<b>1. Entity Name</b> PANDA GARDENS, INC.					
<b>Principal Place of Business</b> 1805 TAMiami TR NO NAPLES, FL 34102			<b>Mailing Address</b> 1805 TAMiami TR NO NAPLES, FL 34102		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1040808	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CHIU, CHUNG 10899 SGA CORAL CT BONITA SPRINGS, FL 34135				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> CHIU, CHUNG <b>STREET ADDRESS</b> 11521 VILLA GRAND #908 <b>CITY-ST-ZIP</b> FT. MYERS, FL 33913	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 12555 COLLIER BLVD #8 <b>STREET ADDRESS</b> NAPLES FL 34116 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TAN, JIAN Z <b>STREET ADDRESS</b> 11521 VILLA GRAND #908 <b>CITY-ST-ZIP</b> FT. MYERS, FL 33913	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 12555 COLLIER BLVD #8 <b>STREET ADDRESS</b> NAPLES FL 34116 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ZHENG, GUO WEI <b>STREET ADDRESS</b> 11521 VILLA GRAND #908 <b>CITY-ST-ZIP</b> FT. MYERS, FL 33913	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 12555 COLLIER BLVD #8 <b>STREET ADDRESS</b> NAPLES FL 34116 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LUU, HOA QUANG Z <b>STREET ADDRESS</b> 11521 VILLA GRAND #908 <b>CITY-ST-ZIP</b> FT. MYERS, FL 33913	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 12555 COLLIER BLVD #8 <b>STREET ADDRESS</b> NAPLES FL 34116 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>			Date <u>1/29/04</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					