Mar 07, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION ANNUAL REPORT 03-07-2008 90045 027 ***150.00 DOCUMENT # P00000080840 1. Entity Name PANDA GARDENS, INC. 4002011-Principal Place of Business Mailing Address 1805 TAMIAMI TR NO 1805 TAMIAMI TR NO NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc CR2E034 (12/06) 02252008 City & State Applied For City & State 4. FEI Number 65-1040808 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIU, CHUNG Street Address (P.O. Box Number is Not Acceptable) 10899 SGA CORAL CT BONITA SPRINGS, FL 34135 City 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D RHE ☐ Delete HILE Change Addition CHIU, CHUNG NAME STREET ADDRESS 12555 COLLIER BLVD #8 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341165216 CITY-ST-ZIP THLE ☐ Delete THIE Change ☐ Addition TAN, JIAN Z NAME STREET ADDRESS 12555 COLLIER BLVD #8 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341165216 CITY-ST-ZIP Delete TITLE Chance Addition ZHENG, KEVIN ZHENG, GUO WEI NAME NAME STREET ADDRESS 12555 COLLIER BLVD #8 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341165216 CITY-ST-ZIP TITLE ☐ Delete 🔼 Change ☐ Addition LUU, HOA QUANG Z Luu, JAMES NAME NAME 12555 COLLIER BLVD #8 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP NAPLES, FL 341165216 CHY-S1-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete THLE THE Change | 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 After like empowered

NAME

STREET ADDRESS. CITY-ST-ZiP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED