

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90093 012 \*\*\*150.00

DOCUMENT # P01000031286



1. Entity Name  
SHANTOU FRIENDSHIP, INC.

Principal Place of Business  
10052 WINDING LAKE ROAD APT 202  
SUNRISE, FL 33351

Mailing Address  
10052 WINDING LAKE ROAD APT 202  
SUNRISE, FL 33351

2. Principal Place of Business  
1403 LYONS ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
1403 LYONS ROAD  
Suite, Apt. #, etc.

City & State  
COCONUT CREEK, FL  
Zip 33063 Country US

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COCONUT CREEK, FL  
Zip 33063 Country US

03022006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1097024  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CHEN, JIAN MING  
1403 LYONS ROAD  
COCONUT CREEK, FL 33063

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHEN, JIAN MING	
STREET ADDRESS	1403 LYONS ROAD	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHEN, YIN GUAN	
STREET ADDRESS	1403 LYONS ROAD	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CHEN, HUI FANG	
STREET ADDRESS	10049 WINDING LAKE RD., #102	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, HUI FANG	
STREET ADDRESS	1403 LYONS ROAD	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \* Jian Ming Chen

JIAN MING CHEN

3-11-06

(954) 956-0035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*