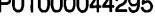
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000044295

1. Entity Name GOURMET ASIA, INC.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED

Principal Plac 14512 ASTINA ORLANDO FL	WAY	Mailing Address 14512 ASTINA WAY ORLANDO FL 32821						7	2 0 200 0000 0000		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	e	City	/ & State			4. F	59-3714141		oplied For ot Applicable		
Zip	Country		Zip		Cou	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						Name -	7. N	Name and Address of New Registered	Agent		
LAL CURLETAL)					
LAI, CHU-FEN 14512 ASTINA WAY					Street Address (P.O.			O. Box Number is Not Acceptable)			
ORLANDO FL 32821											
						City		FL	Zip Cod	e	
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) OATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.	OFFICERS AND DIRECTORS				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	VD	.,		☐ Delete	TITL	E			☐ Change	☐ Addition	
	LAI, CHU-FE				NAM						
STREET ADDRESS CITY-ST-ZIP	14512 ASTIN ORLANDO F					EET ADDRESS /-ST-ZIP					
	PD			Delete	TITL	٤			Change	☐ Addition	
	WANG, SHE				NAM						
STREET ADDRESS CITY-ST-ZIP		G CREEK DR				EET ADDRESS /-St-zip					
	KISSIMMEE	FL 34/4/			-					- Addition	
TITLE NAMÉ				☐ Delete	TITL NAM				Change	Addition	
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TITLE		•		Delete	TITL	E			☐ Change	☐ Addition	
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TITLE				☐ Defete	TITL	E			☐ Change	☐ Addition	
NAME					NAM	IE				Ì	
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	·					-ST-ZIP					
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 a charged and the results of the corporation 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											