


FILED  
Apr 04, 2007 8:00 am  
Secretary of State

03-19-2007 90066 013 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P01000060706</b>			
1. Entity Name <b>MARK &amp; LI, INCORPORATED</b>			
Principal Place of Business <b>2505 EAST COLONIAL DR. ORLANDO, FL 32803</b>		Mailing Address <b>2505 EAST COLONIAL DR. ORLANDO, FL 32803</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03122007		Chg-P CR2E034 (12/06)	
4. FEI Number <b>59-3723857</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHUN WAH, MARK 2505 EAST COLONIAL DR. ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK, CHUN W 2505 EAST COLONIAL DR. ORLANDO, FL 32803 <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	S LI, XUE M 2505 EAST COLONIAL DR. ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date: <b>03/29/04</b>	
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNER) OF OFFICER OR DIRECTOR		Daytime Phone #	



Acct : 1000008542713  
Date : 03/22/07 CHECK #1158 Amount : \$150.00

Charge

MARK & L INC 11/2002 2505 E COLONIAL DRIVE ORLANDO, FL 32803-6220		40037364	1158
DATE 3/16/07		13/15/07	
PAY TO THE ORDER OF	Dept of State	\$ 150.00	
ONE Hundred Fifty		DOLLARS	
SUNTRUST SunTrust Bank			
FOR MARK & L INCORPORATED		XUMEX MARK	

BANK OF AMERICA  
6540178362

2102 75701

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 100000854  
MAR 19 2007

I been filed at 3/16/07.

Please check.

Thank you !!