2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

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DOCUMENT # P01000062120 1. Entity Name SINO AMERICAN FOODS ENTERPRISES, INC.							04-06-200	5 90093 02	27 ***150).00
Principal Plac	e of Business	Mailing Address								
614 CENTRE FERNANDINA	STREET A BEACH, FL 32034	614 CENTRE STREET FERNANDINA BEACH, FL 32034					•			
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01202005	∵ Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number Applied Fo 59-3735388 Not Applie.			plied For t Applicable		
Zip	Country	Zip	Count	try		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent					
WONG, LORETTA 614 CENTRE STREET FERNANDINA BEACH, FL 32034				Street Ac	ddress (F	P.O. Box Numb	per is Not Accepta	able)		
				City FL Zip Code						9
the obligat	named entity submits this statement for tions of registered agent. Signature, typed or proteu name of registered agent		E: Regustorex	if Agent signatu	re required	when reinstating)	oth, in the State of	Florida. am	familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fun					Adde	00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS					ADDITIONS	/CHANGES TO C	FFICERS AND	DIRECTOR	3 JN 11
NAME STREET ADDRESS CITY-ST-ZIP	D WONG, LORETTA 614 CENTRE STREET FERNANDINA BEACH, FL 3203	☐ Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAN, KING FAI 614 CENTRE STREET FERNANDINA BEACH, FL 3203	□ Delete		·					Change	Addition
NAME STREET ADDRESS*	D WONG, KENNY '614 CENTRE'STREET FERNANDINA BEACH, FL 3203	□ Delete			i.		_		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE	:	DOST	an - /	K. Harta	1.RJ -	Change Apf ±	1604
BILE		☐ Delete	TITLE		Ó	· • • • • • • • • • • • • • • • • • • •			☐ Change	Z -Attition

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/29/05 (904)261-0508

32034

☐ Change ☐ Addition