

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000080590

1. Entity Name
JM ORIENTAL MARKET, INC.



Principal Place of Business
9421 S. ORANGE BLOSSOM TRAIL
SUITE 5 & 6
ORLANDO, FL 32837

Mailing Address
3837 OCITA DRIVE
ORLANDO, FL 32837



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3745654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HIU, LIEN B
3837 OCITA DRIVE
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000745949
05/16/07-80049-017 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HIU, LIEN B
STREET ADDRESS 9421 S. ORANGE BLOSSOM TRAIL, SUITE 5 & 6
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VP
NAME HIU, SAU H
STREET ADDRESS 9421 S ORG. BLOSSOM TR #5&6
CITY-ST-ZIP ORLANDO, FL 32537

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 *Chen B. Lin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *Apr 30 2007* Daytime Phone # *407 816 6700*