## 2006 FOR PROFIT CORPORATION

## Jan 30, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P01000086681 01-30-2006 90048 046 \*\*\*150.00 UPPER RIGHT COMPANY Principal Place of Business Mailing Address 10250 SW 56ST 10250 SW 56ST D 202 D 202 MIAMI, FL 33182 MIAMI, FL 33182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1143046 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEN. LI-YEN YEN-CHEN LI-Street Andress (P.O. Box Number is Not Acceptable) 13622 NW 9 LN MIAMI, FL 33182 3622 NW MIAMI 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. (NOTE: Registered Agent signature required when remainting) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition NAME CHEN, LI-YEN MAME STREET ADDRESS 13622 NW 9 LN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33182 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP TITLE Delete TATLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C41Y-ST-7IP CITY-ST-ZIP TITLE ☐ Celete nn e ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZP TITLE ☐ Delete TITI E Addition 🔲 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:

FILED