

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90034 040 \*\*\*150.00

**DOCUMENT # P02000019675**

1. Entity Name  
**CHINA GOURMET GROUP, INCORPORATED**



Principal Place of Business  
**15275 COLLIER BLVD  
SUITE 209  
NAPLES, FL 34119**

Mailing Address  
**15275 COLLIER BLVD  
SUITE 209  
NAPLES, FL 34119**

**50066161**



09022005 Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0621715**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WANG, LIN LIN  
15275 COLLIER BLVD  
SUITE 209  
NAPLES, FL 34119**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD.  
WANG, LIN LIN  
15275 COLLIER BLVD, #209  
NAPLES, FL 34119**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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.

**SIGNATURE:**

*Lin Lin Wang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-1-05*

Date

Daytime Phone #