## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # P02000029795** 

CHINA 1 OF CASSELBERRY, INC.



## **FILED** Feb 09, 2006 8:00 am Secretary of State

02-09-2006 90031 006 \*\*\*150.00

Principal Place of Business   Mailing Address   SESEMORAN BLVD   SESTEMORAN BLVD   SESTEMORAN BLVD   SESTEMORAN BLVD   SESTEMORAN BLVD   O1302006   Chg.P   CR2E034 (11/05)		·		1							
Suite, Apt. #, efc.   Suite, Apt. #, efc.   Origonal Suite   Origonal Su	961 SEMORAN BLVD		961 SEMORAN BLVD	961 SEMORAN BLVD							
City & State    City & State   City & State   City & State   4. FEI Number   C2-0577725   8. Applied for   Not Applicable   N	Principal Place of Business		3. Mailing Address								
City & State	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302006	Cha-P	CR2E0:	34 (11/05)		
Security   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee	City & State		City & State			4. FEI Numbe	er -		Ar	·	
OING LIU, GUI 961 SEMORAN BLVD CASSELBERRY, FL 32707    City   FL   Zip Code	Zip	Country	Zip	Country					\$8.75 Add	fitional	
Name	<u> </u>	6 Name and Address of Current	Registered Agent			7. Name and	Address of New				
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)		o. Name and Address of Ourten	registered Agent	Narr							
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hipsel or presentative of registered agent and life if applicable. (NOTE Registered Agent signature required when reinibilities)   DATE	961 SEMC	RAŅ BLVD		Stree	et Address (	P.O. Box Number	er is Not Acceptab	ole)		<del></del>	
SIGNATURE    Signature   True	.e*	•		City				FL	Zip Cod	e	
Sighature, Lyped or prines name of registered agent and life if applicable.   NOTE Registered Agent sign-are-required whem remostating											
### Park	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent s	ignature required	d when reinstaling)		DATE			
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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.

TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR