

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90064 002 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000030408			
1. Fictitious Name DRAGON BROS AUTO SALES, INC			
Principal Place of Business 524 N JOHN YOUNG PKWY ORLANDO, FL 32805		Mailing Address 14952 DAY LILY CT ORLANDO, FL 32824	
2. Fictitious Place of Business - No PO Box		3. Mailing Address	
State App # etc		Name App #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FBT Number 01-0840018		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YIP, JAMES 14952 DAY LILY CT ORLANDO, FL 32824		Name Street Address (P.O. Box Number & Not Accepted) 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 qualifications of registered agent.			
SIGNATURE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10	
10.1 NAME YIP, JAMES STREET ADDRESS 14952 DAY LILY CT CITY & STATE ORLANDO, FL 32824	☐ Delete	11.1 NAME YIP, JAMES STREET ADDRESS 14952 DAY LILY CT CITY & STATE ORLANDO, FL 32824	☐ Change ☐ Addition
10.2 NAME YIP, TONY STREET ADDRESS 14952 DAY LILY CT CITY & STATE ORLANDO, FL 32824	☐ Delete	11.2 NAME YIP, TONY STREET ADDRESS 14952 DAY LILY CT CITY & STATE ORLANDO, FL 32824	☐ Change ☐ Addition
10.3 NAME STREET ADDRESS CITY & STATE	☐ Delete	11.3 NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
10.4 NAME STREET ADDRESS CITY & STATE	☐ Delete	11.4 NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
10.5 NAME STREET ADDRESS CITY & STATE	☐ Delete	11.5 NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
10.6 NAME STREET ADDRESS CITY & STATE	☐ Delete	11.6 NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Chapter 114, Florida Statutes. I further certify that the information furnished on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if it were made in the presence of a notary public or a receiver or trustee empowered to execute this report as required by Chapter 837, Florida Statutes, and that my name appears in Block 10 or Block 11, attached to this statement with an address, with all other law empowered.			
SIGNATURE: 		1-7-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			