2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



FILED Mar 21, 2003 8:00 am

1. Entity Nar		00036535		03-21-2003 90112 008 ***150.00
Principal Place of Business 7832 WEST HIGHWAY 192 KISSIMMEE FL 34747		Mailing Address 7832 WEST HIGHWAY 1 KISSIMMEE FL 34747	92	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 4. Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
LIAMO D	DIAM		Name	
LIANG, BRIAN 1226 E. COLONIAL DRIVE			Street Address	s (P.O. Box Number is Not Acceptable)
SUITE B				
OHLANDO	O FL 32803		City	FL Zip Code
8. The above the obligation SIGNATURE	tions of registered agent,			tered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 If May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State	TE: Registered Agent signature requir	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANG, SHENG YI 7832 WEST HIGHWAY 192 KISSIMMEE FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 25/05/15/15/15/15/15/15/15/15/15/15/15/15/15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WANG, SAM 7832 WEST HIGHWAY 192 KISSIMMEE FL 34747	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS 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: <u>(A)</u> 3-12-02