2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90545 001 ***150.00
04-13-2006 90545 002 *****8.75

66010012

1st MOORE CR2E034 (10/04)

DOCUMENT # P02000070030

1. Entity Name
OSCEOLA COMMERCE CENTER, INC.

Principal Place of Business
2100 MICHIGAN AVE.
KISSIMMEE FL 34741

Mailing Address
PO BOX 691883
ORLANDO FL 32869-1883

2. Principal Place of Business
2100 MICHIGAN AVE
Suite, Apt. #, etc

3. Mailing Address
370, W FLETCHER ST
Suite, Apt. #, etc.

City & State: KISSIMMEE, FL 34741
Zip | Country

City & State: KISSIMMEE, FL 34741
Zip | Country

4. FEI Number 32-0022000 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SY, SIMEON C
22 W. MONUMENT AVE, SUITE 20
KISSIMMEE FL 34741

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete
D RONG I CHEN 370, W. FLETCHER ST KISSIMMEE, FLORIDA 34741	☐
	☐
	☐
	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Rong I Chen 3/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

To: Division of Corporation & ANNAL Report Section:

Document # P02000070030
Entity Name Oseola Commerce Center, Inc.
Principal place of Bunisess: 2100 Michigan Ave Kiss, FL 34741,

Officers & Directors Name: Rong I Chen
Oseola Commerce Center, Inc c/o
Current Mailing is: Rong I Chen
370, W Fletcher St
Kissimmee, FL. 34741

ATTACHMENT
06/00012
P02000070030

Please:

From Next year (2007) sent the form 2007 for profit - Corporation Annual Report (AR) to my current mailing is:

Oseola Commerce Center, Inc c/o Rong I Chen
370, W, Fletcher St
Kissimmee, FL 34741
Tel (407) 518-1661 Thank you
xRong Le Chen 3/24/06

ATTACHMENT 66010012

#P02000070030

DR-1
R. 05/02
Page 1

APPLICATION TO COLLECT AND/OR REPORT TAX IN FLORIDA

SECTION A — BUSINESS INFORMATION

Please use BLACK or BLUE ink ONLY and type or print clearly.

Indicate tax registration you are seeking.

This application is for (check all that apply):

✓	Tax Type	Fee Due	Complete Sections
	Sales and Use Tax	$5.00 *	A, B, H
	Use Tax Only	No fee	A, B, H
	Solid Waste Fees	No fee	A, B, C, H
	Unemployment Tax	No fee	A, D, H
	Gross Receipts Tax on Electrical Power and Gas	No fee	A, E, H
	Gross Receipts Tax on Dry Cleaning	$50.00	A, E, H
	Documentary Stamp Tax	No fee	A, F, H
	Communications Services Tax	No fee	A, G, H

* The $5 registration fee does not apply if this application is for a business location outside the State of Florida.

Check the box that applies:

☐ New business entity ☐ New business location ☐ Change of county location (from one Florida county to another) ☑ Change of legal entity (sole proprietorship, partnership, corporation, etc.)

List below your old sales tax certificate numbers to be cancelled: 59-05-014695-82-9

This change is effective (enter date): 09 / 01 / 2002 (month / day / year)

If this is a seasonal business (not open year-round), list the first and last months of your season: First month ____ Last month ____

2. Beginning date of business activity for this location or entity: 06 / 25 / 2002 (month / day / year)
Provide the date this business location or entity became or will become liable for Florida taxes. Do not use your incorporation date unless that is the date your business became liable for the tax. If you have been in business longer than 30 days prior to registering, contact the DOR service center nearest you.
If incorporated, please provide incorporation date: ____

3. Business name: Business trade or fictitious (d/b/a) name: OSCEOLA COMMERCE CENTER, INC.
Business telephone number: (407) 922-1408

4. Owner name: Legal name of individual, principal partner or corporation: RONG I. CHEN, President
Owner telephone number: ( ) ____

5. Business location: Complete physical address of business or real property. Home-based businesses and non-permanent flea market/craft show vendors must use their home addresses. Listing a post office box, private mailbox, or rural route number is not permitted.
2200 MICHIGAN AVE
Fax number: (407) 523-0904
County: OSCEOLA
City/State/ZIP: KISSIMMEE, FL. 34744

6. Mail to the attention of: Simeon C. Sy, EVERGREEN REALTY
Mailing address: P.O. Box 691883
County: ORANGE
City/State/ZIP: ORLANDO, FL. 32869-1883
Is business located within city limits? ☑ Yes ☐ No
E-mail address: simoonsy@aol.com

7. If you have a Consolidated Sales Tax Number and want to include this business location, please complete the following:
Consolidated registration name on record with the Florida Department of Revenue: ____
Consolidated registration number: 80 - ____
If you don't know the consolidated number, contact the Department and request Form DR-1CON.

8. Business Entity Identification Number (If no FEIN is required for your business entity, the social security number of the owner will be accepted.)
a. Federal Employer Identification Number (FEIN): 32-0022000
b. Social Security Number (SSN) of owner: 069-74-1627

FOR DOR OFFICE USE ONLY

mo qu sa an se oc org code SUT No. kind sic office code

M/Delivery Doc Stamp No.

SAP B.P. No. Gross Receipts No.