

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000133748

1. Entity Name
**AMERICA BIO-CHEM MEDICINE RESEARCH CENTER,
INC.**



Principal Place of Business
**P.O. BOX 25952
HONOLULU, HI 96825**

Mailing Address
**6466 CHERRY GROVE CIR.
ORLANDO, FL 32809**



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0500655 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAO, ELIZA
6466 CHERRY GROVE CIR
ORLANDO, FL 32809**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WU, SHEN
STREET ADDRESS	1422 MILOIKI ST.
CITY-ST-ZIP	HONOLULU, HI 96825
TITLE	S
NAME	SHAO, PING
STREET ADDRESS	1422 MILOIKI ST.
CITY-ST-ZIP	HONOLULU, HI 96825
TITLE	V
NAME	YANG, HANK
STREET ADDRESS	5809 OCEAN TERRANCE DR.
CITY-ST-ZIP	RPV, CA 90275
TITLE	TM
NAME	MAO, ELIZA
STREET ADDRESS	6466 CHERRY GROVE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	M
NAME	CURTIN, THOMAS
STREET ADDRESS	7834 LAUREL VIEW DR.
CITY-ST-ZIP	MONT DORA, FL 32757
TITLE	M
NAME	LEE, PETER
STREET ADDRESS	926 BEACH BREEZE DR.
CITY-ST-ZIP	ORLANDO, FL 32835

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03/06/06 80030-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eliza Mao*

2/24/2006