

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000134942	
1. Entity Name LONGZAI, INC.	

Principal Place of Business 2215 NW 38TH DR. GAINESVILLE, FL 32605	Mailing Address 2215 NW 38TH DR. GAINESVILLE, FL 32605
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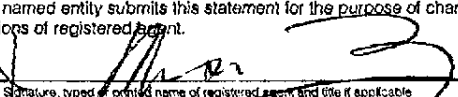


02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0772331	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TUNG, JIMMY 2215 NW 38TH DR. GAINESVILLE, FL 32605	DO NOT WRITE IN THIS SPACE
7. 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: 	(NOTE: Registered Agent signature required when reinstating)	3/2/06 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TUNG, JIMMY 2215 NW 38TH DR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TUNG, JOHNNY 2215 NW 38TH DR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TUNG, WEI TE 2215 NW 38TH DR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TUNG, MAN LEI 2215 NW 38TH DR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TUNG, JOHANNA 2215 NW 38TH DR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/06-80016-021 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 	3/2/06 DATE	352-514-0511 Daytime Phone #