2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 22, 2006 8:00 am **Secretary of State** DOCUMENT # P03050037197 1. Entity Name 02-22-2006 90012 041 ***150.00 HARVEST LAND INVESTMENT II, INC. Principal Place of Business Mailing Address 5151 NW 165 STREET 5151 NW 165 STREET MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3. Mailing Address 2. Principal Place of Business 5151 NW 165 Suite, Apt. #, etc. 5151 NW 165 ST Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 06-1687978 Miami Lakes Miami Lakes Not Applicable \$8.75 Additional u.s.A 5. Certificate of Status Desired 33014 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIU CHAO, YI HSIU 12177 NW 9TH DR Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ Delete FIRE TIFLE Addition ☐ Change CHAO, TAI SAN NAME NAME STREET ADDRESS 1765 EAGLE TRACE BLVD E STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROSA, BARRY STREET ADDRESS 10210 NW 5TH ST STREET ADDRESS CITY ST- ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP THEF Delete DILL Addition NAME CHAO, YI HSIU LIU NAME STREET ADDRESS STREET ADDRESS 12177 NW 9TH DR CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Daytime Phone #