2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED pr 20. 2006 08:00 Al ate

		Apr 20, 2000 00:00			
DOCUMENT # P0300 1. Entity Name LA VIE EN JOIE TRADING, II			Secretary of Sta		
Principal Place of Business	Mailing Address				
3219 AMACA CIRCLE ORLANDO, FL 32837	3219 AMACA CIRCLE ORLANDO, FL 32837	·			
DO NOT W	OTT IN THE COA	^	04072006 No Chg-P CR2E034 (11/05)		
וא וטא טע	RITE IN THIS SPA	ICE	4. FEI Number Applied For		
			59-3579140 Not Applica 5. Certificate of Status Desired Sa.75 Additional Fee Required		
6. Name and Address of	of Current Registered Agent				
YANG, TUNG CHU 3219 AMACA CIRCLE ORLANDO, FL 32837			DO NOT WRITE IN THIS SPACE		
The above named entity submits this st the obligations of registered agent? SIGNATURE Signature, typed or printed fame of reg.	1000	ered office or register	ered agent, or both, in the State of Florida. I am familiar with, and acce		
FILE NOW!!! FEE IS \$15 After May 1, 2006 Fee will b	9. Election Campaign Fin	ancing \$5.	5.00 May Be ded to Fees U00000520744		

į	\fter	May	1,	2006	Fee	Will	be	\$550	.00	
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10.	OFFICERS AND DIRECTORS		***
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANG, TUNG CHU 3219 AMACA CIRCLE ORLANDO, FL 32837		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
THLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· •••
TITLE NAME STREET ADDRESS GITY-ST-ZIP			

I hereby certify that the information supplied with this filling 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 at 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: 🔀

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #