

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000155520

1. Entity Name

SOUTH TAIWAN CORPORATION



Principal Place of Business

3150 S BABCOCK ST

#E

MELBOURNE, FL 32901 US

Mailing Address

539 N MILLS AVE

ORLANDO, FL 32803 US



03102006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0498331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, SUNG CHI

3150 S BABCOCK ST

#B

MELBOURNE, FL 32901

**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

X yueh chi lee

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

10a

P

NAME

LEE, SUNG CHI

STREET ADDRESS

3150 S BOBCK ST #B

CITY AND ZIP

MELBOURNE, FL 32901

10b

NAME

STREET ADDRESS

CITY AND ZIP

10c

NAME

STREET ADDRESS

CITY AND ZIP

10d

NAME

STREET ADDRESS

CITY AND ZIP

10e

NAME

STREET ADDRESS

CITY AND ZIP

10f

NAME

STREET ADDRESS

CITY AND ZIP

10g

NAME

STREET ADDRESS

CITY AND ZIP

U00000511543
04/29/06-80054-014 150.00

**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:

X yueh chi lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #