# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P04000028386

1. Entity Name
EASTERN PACIFIC DEVELOPMENT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 4810 MOBILE HWY<br>PENSACOLA, FL 32506 | 4810 MOBILE HWY<br>PENSACOLA, FL 32506 |

01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-0684219
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WU, PING LAM
4810 MOBILE HWY
PENSACOLA, FL 32506

**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 _____ 1-31-07
Signature, typed or 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, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DV |
| NAME | WU, PING LAM |
| STREET ADDRESS | 9832 HEATHER DR |
| CITY-ST-ZIP | CANTONMENT, FL 32533 |
| TITLE | DP |
| NAME | CHEUNG, MAN LOK |
| STREET ADDRESS | 6030 OTTER PT DR |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | DST |
| NAME | CHEUNG, JIE YAN |
| STREET ADDRESS | 6030 OTTER PT DR |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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:** _____ 1-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #