2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State			
DOCUI	MENT # P0400004032			Secre	ury or state	,	
PANDA	EXPORT OF PORT ST.	LUCIE, INC.					
Principal Place 8445 US HW PORT ST LUC	Y1 - 8	ailing Address 4445 US HWY 1 FORT ST LUCIE, FL 34952				200 - 1 100 - 2820 - 2822 - 1832 - 1015 1 1885 188	iii
	O NOT WRITE II	CE.	02082008	No Chg-P	CR2E034 (11/05)		
ט	O NOI WRITE II	VE.	4. FEI Numb 20-091		Applied Not App		
	•			5. Certificate	of Status Desired	\$8.75 Additional Fee Required	ı)
	6. Name and Address of Current Regis	tered Agent			·		
HAUNG, C 8445 US H PORT ST		DO NOT WRITE IN THIS SPACE					
6. The above the obligations SIGNATURE _	named entity submits this statement for the lons of registered agent.	ourpose of changing its register	ed office or regist	ered agent, or bo	oth, in the State of Fi	larida, i am iamiliar with, and s	ecce
	Signature, typed or printed name of registered agent and title	if applicable [NOTE: Registers	ed Agent signature requi	ed when reinsteting)		DATE	
	E NOW!!! FEE IS \$150.00 2y 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.					
10.	OFFICERS AND DIRE	CTORS	<u> </u>	-	(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, QIUYI 8445 US HWY 1 PORT ST LUCIE, FL 34952				<u> Liedden</u> a	0 <u>45977</u> 6	
NAME STREET ADORESS CITY-ST-ZIP					03/18/06	-8004 6 -017 150.1	}{}{
TITLE NAME STREET ADDRESS CITY-SY-ZIP DIFLE NAME			DO NOT WRITE IN THIS SPACE				
STREET ADDRESS CITY-ST-DIP TITLE HAME STREET ADDRESS			-				

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 frue 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:

CITY-ST-ZIP
HITLE
HAME
STREET ACCRESS
CITY-ST-ZIP

SIGNATURE AND THE DIS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06

Daytima Phone #