


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000044888 1. Entity Name CHINA EXPRESS OF WESTON, INC.	
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Principal Place of Business 16642 SADDLE CLUB RD WESTON, FL 33326	Mailing Address 16642 SADDLE CLUB RD WESTON, FL 33326
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01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0854159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHAN XIAO, WEI 16642 SADDLE CLUB ROAD WESTON, FL 33326

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD XIAO, WEI SHAN 16642 SADDLE CLUB ROAD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIN, JACKELIN 16642 SADDLE CLUB ROAD WESTON, FL 33326
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01/19/07-80066-009 150.00

**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 Lin Lin Jackie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07
Date

786-487-9819
Daytime Phone #