## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90090 008 \*\*\*150.00 DOCUMENT # P04000048792 KEEN MOTORBIKES DISTRIBUTION, INC. 40047063 Principal Place of Business Mailing Address 8430 NW 68 ST #1~ 8430 NW 68-ST-#1 MIAMI, FL-33166-6950 CYPRESS RD #208-15 MIAMI: FL-33166-6950 CYPRESS RD # 208-15 PLANTATION FL 33317 2. Principal Place of Business - No P.O. Box # PLANTATION 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0977560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUANG HSIU-MEI WANG, SHU-CHEN Street Address (P.O. Box Number is Not Acceptable) 8430 NW 68 ST #1 MIAMI, FL 33166 Zip Code 333/1 City PLANTATION 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. 03-27-07 SIGNATURE (NOTE: Registured Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change | [ ] Addition WANG HEIL - MEI 6950 CYPRESS RD # 208-15 PLANTATION FL 33317 WANG, HSIU-MEI NAME NAME STREET ADDRESS 8430 NW 68 ST #1 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP SD WANG SHU-CHEN THILE ☐ Delete TITLE Change Addition WANG, SHU-CHEN NAME NAME 6950 CYPRESS RD #208-15 STREET ADDRESS 8430 NW 68 ST #1 STREET ADDRESS CITY-ST-7/P MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change ■ Addition NAME NAME

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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.

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