


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # P04000048792 1. Entity Name KEEN MOTORBIKES DISTRIBUTION, INC.	
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Principal Place of Business 6950 CYPRESS RD #208-15 PLANTATION, FL 33317	Mailing Address 6950 CYPRESS RD #208-15 PLANTATION, FL 33317
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0977560	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 WANG, HSIU-MEI 6950 CYPRESS RD #208-15 PLANTATION, FL 33317
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANG, HSIU-MEI 6950 CYPRESS RD #208-15 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANG, SHU-CHEN 6950 CYPRESS RD #208-15 PLANTATION, FL 33317
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04/25/08-80082-005 150.00

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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.

SIGNATURE 	01-18-08 305 718 9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #