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R SIU CPA & D FOX
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Secretary of State

05-02-2005 90486 015 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000169434			
1. Entity Name PANDA KITCHEN & BATH, INC.			
Principal Place of Business 14680 S. TAMAMI TRAIL, SUITE 4 FT. MYERS, FL 33912		Mailing Address 14680 S. TAMAMI TRAIL, SUITE 4 FT. MYERS, FL 33912	
2. Principal Place of Business		3. Mailing Address	
-- Suite, Apt. #, etc.		-- Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2024786		Applied For Not Applicable	
5. Certificate of Status Debtor ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIU, RACHEL 14680 S. TAMAMI TRAIL, SUITE 4 FT. MYERS, FL 33912		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City & State		City & State	
Zip		Zip	
Country		Country	
8. The above named entity certifies this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. It is subject to the jurisdiction of the registered agent.			
SIGNATURE			
Signature of the person who is the registered agent or the person who is the authorized officer or director of the corporation.			
Date			
FILE NUMBER: FILE NO. 2024786 After May 1, 2005 Fee will be \$550.00			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
☐ Delete	D	TANG, ZONG X	2229 68 18TH AVE. CAPE CORAL, FL 33900
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 amendment with an address, with all other like amendments.			
SIGNATURE: 			
DATE: 4/29/05			
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			
DATE			