

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 006 ***150.00

DOCUMENT # P05000073116					
1. Entity Name MAXIN ORIENTAL BAKERY, INCORPORATED					
Principal Place of Business 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319			Mailing Address 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2857309				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRAN, KHANH DU 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319			Name <u>HUANG, YUAN HONG</u> Street Address (P.O. Box Number is Not Acceptable) <u>4269 N. STATE ROAD 7</u> City <u>LAUDERDALE LAKE</u> FL Zip Code <u>33319</u>		
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 <u>[Signature]</u> <u>YUAN HONG HUANG</u>			DATE <u>04-04-06</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAN, KHANH DU 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D HUANG, YUAN HONG 4269 N. STATE ROAD 7 LAUDERDALE LAKE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD XIE, YIN ZHAO 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <u>YUAN HONG HUANG</u>			Date <u>3-29-06</u> Daytime Phone # <u>954-335-1388</u>		