2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # P05000073116 1. Entity Name MAXIN ORIENTAL BAKERY, INCORPORATED | | | | | | | 04-10-2006 | 90327 006 | ***150 | 0.00 |
|---|--|--|--------------------------------------|---|--------------|-------------------------------|------------------------|------------------|--------------------|---------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319 | | 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319 | | | # | 8 \$181 \$11tl 88711 P8111 C8 | iin guiu jurun ilist i | 1881 ISIS PI | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 03282006 | Chg-P | CR2E034 | (11/05) | |
| City & State | | City & State | | | | 4. FEI Numbe | 20-28 | 57309 | | plied For t Applicable |
| Zíp | Country | Zip | Coun | try | | 5. Certificate | of Status Desired | | .75 Add Require | |
| | 6. Name and Address of Current | Registered Agent | | | | 7. Name and | Address of New F | Registered Age | nt | |
| TRAN, KHANH DU | | | | Name HUNG, YUNN HONG | | | | | | |
| 4269 NORTH STATE ROAD 7 LAUDERDALE LAKE, FL 33319 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | 3 | | | City LAGOZNOKIZ LAKE FL Zip Code 33319 | | | | | | |
| | | | | City LAGOROBICE LAKE FL Zip Code 133319 | | | | | | |
| 8. The above | named entity submits this statement for ions of registered agent. | r the purpose of changing its | registere | ed office or | r register | ed agent, or bot | h, in the State of Fl | lorida. I am fam | iliar with, | and accept |
| SIGNATURE Sprature, hypertru gemied name of registered agent and bits of applicable. (NOTE: Registered Agent signature required when reinstating) OU - OU - OU DATE | | | | | | | | | | |
| <u> </u> | Supraisire, ryped is ported traine or registered agent | and the rappicable. (NO) | c: negistere | o Agent signati | nue tednuseo | waeu (esuzrarad) | | UAIE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution. | | | | | | 00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND | | 11. | | 1.65 | ADDITIONS/ | CHANGES TO OFF | FICERS AND DI | RECTORS | S IN 11 |
| TITLE | PD | Oelete | TITLE | | PP | Vii. i | | 及 | Change | ☐ Addition |
| NAME STREET ADDRESS | TRAN, KHANH DU 4269 NORTH STATE ROAD 7 | | NAMI STRE | E Et address | HUB | 44 , Y4 A | ti ti tang | , | | |
| CITY-ST-ZIP | | | | -\$T-ZIP | 1416 | y M. Um | LAKE, FL | 327 <i>10</i> | | : |
| TITLE | TSD | Delete | TITLE | | FAUL | EPINE | Laice, FL | | Change | Addition |
| NAME | XIE, YIN ZHAO | X | NAM | | | | | - | | |
| STREET ADDRESS | 4269 NORTH STATE ROAD 7 | | | et address | | | | | | |
| CITY-ST-ZIP | LAUDERDALE LAKE, FL 33319 | | _ | -ST-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAMI | | | | | L | Change | ☐ Addition |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | : | | | | | Change | ☐ Addition |
| NAME Street address | | | NAM | E Et address | | | | | | |
| CITY-ST-ZIP | | | SIRE | | | | | | | |
| | | | CITY | -31-ZIP | | | | | | |
| TITLE | | Delete | CITY | | | | | |) Change | Addition |
| TITLE | | Delete | TITLE | <u> </u> | | | | C |) Change | Addition |
| TITLE NAME STREET ADDRESS | | Delete | TITLE NAMI STRE | E Et address | | | | |) Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAMI STRE CITY | E Et address -St-Zip | | | | | | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAMI STRE | E Et address -St-ZIP | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | | | TITLE NAMI STRE CITY TITLE NAMI | E ET ADDRESS -ST-ZIP E E | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with | ☐ Delete | TITLE NAMI STRE CITY TITLE NAMI STRE | E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP | | | | |) Change | Addition |

indicated on this report or supplied will this filing does not qualify for the exemptions contained in Chapter 119, Plotted 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.