

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90001 002 ***150.00

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02082006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000087684					
1. Entity Name GOLDEN SUNRISE ORIENTAL, INC.					
Principal Place of Business 2107 N. DIXIE HWY LAKE WORTH, FL 33460			Mailing Address 2107 N. DIXIE HWY LAKE WORTH, FL 33460		
2. Principal Place of Business 9804 S. MILITARY TRAIL		3. Mailing Address 9804 S. MILITARY TRAIL			
Suite, Apt. #, etc. SUITE E6		Suite, Apt. #, etc. SUITE E6			
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		4. FEI Number 20-3024600	
Zip 33436	Country USA	Zip 33436	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QIU, ZIYAN 2107 N. DIXIE HWY LAKE WORTH, FL 33460 9804 S. MILITARY TRAIL SUITE E6 BOYNTON BEACH, FL 33436			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P QIU, ZIYAN 2107 N. DIXIE HWY LAKE WORTH, FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9804 S. MILITARY TRAIL, SUITE E6 BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: X QIU ZIYAN		ZIYAN QIU PRESIDENT		02/17/06 (561) 374-8688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Print Telephone	