2007 FOR PROFIT CORPORATION

PROFIT CORPORATION FILED Feb 13, 2007 8:00 am

DOCUMENT # P05000113215 1. Ertity Name TEMPTASIA CORPORATION			Secretary of State 01-17-2007 90051 027 ***150.00		
Principal Place of Business 3805 WEST 20TH AVE #130 HIALEAH, FL 33012	Mailing Address 3805 WEST 20TH AVE #130 HIALEAH, FL 33012	<u> </u>		1818 ABSTI HOON BOTH BUIL 1888 DE DE L	(i)[[]]
2. Principal Place of Business - No P.O. Box #	1. Mailing Address	WITOEL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052007 Chg-P	CR2E034 (12/06)	
Hicecut FL	City & State	++C.	4. FEI Number 20-3317972		oplied For ot Applicable
33012 Country 5 A	33012	Country .	5. Certificate of Status Des	Fee Require	
6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of		_
HUANG, XIAN C 3805-130 WEST 20TH AVE HIALEAH, FL 33012		Street Address		abrable) #13	9
. !		City H	alecaH	FL Zinco	00
 The above named entity submits this statement the obligations of registered agent. 	ant for the purpose of changing its	s registered office or regis	tered agent, or both, in the State	e of Florida. I am familiar with,	and accept
SIGNATUREX W	my fu	Υ		1/11/07	
Signand typed or brimed name of registrated	agant and trie if applicable (NO)	Te: Registered Agent signsture requ	ered when reneisting)	Dyafe.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$5		· · · · ·	5.00 May Be added to Fees		
	AND DIRECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	S IN 11
TITLE D NAME HUANG, XIAN C	☐ Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS 3805-130 WEST 20TH AVE		STREET ADDRESS			
CITY-ST-ZIP HIALEAH, FL 33012	Defete	CITY-ST-ZIP		☐ Change	☐ Addition
NAME ZHANG, FA Y		NAME			
STREET ADDRESS 3805-130 WEST 20TH AVE CITY-ST-ZIP HIALEAH, FL 33012		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	πτιε		☐ Change	Addition
NAME Street adoress		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY+SI-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		Change	Addition
STREET ADDRESS		STREET AGDRESS			
TITE	☐ Delete	CITY-ST-ZIP		Chance	☐ Addition
NAME	Utities	NAME		C) Ormale	
STREET ADORESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			ļ
TITLE	☐ Delete	TITLE		☐ Change	Addition
NAME CTRITTY ADDRESS		NAME CIDELL ADDRESS:		-	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
I hereby certify that the information supplies indicated on this report or supplemental reof the corporation or the receiver or trustee changed, or on an attachment with an additional contents.	port is true and accurate and that empowered to execute this repor	my signature shall have that as required by Chapter 6	ne same legal effect as if made i	under oath; that I am an officer	or director
SIGNATURE:	MOW 1	wy	2/9/07	2.(305)819	893