


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000113563 1. Entity Name CHINATOWN CHEN & WU CORP. |  |
|---|---|

| | |
|--|---|
| Principal Place of Business 1546 S OHIO AVE LIVE OAK, FL 32064 | Mailing Address C/O 136 BOWERY SUITE 203 NEW YORK, NY 10013 |
|--|---|



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 20-3336655 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent CHEN, ZHEN F 125 MANOR STREET LIKE OAK, FL 32064 | <p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> |
|---|---|

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 X *Zhenfeng Chen* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
|----------------------------|--------------------|
| TITLE | P |
| NAME | CHEN, ZHEN F |
| STREET ADDRESS | 125 MANOR STREET |
| CITY - ST - ZIP | LIVE OAK, FL 32064 |
| TITLE | VP |
| NAME | WU, JIN Z |
| STREET ADDRESS | 125 MANOR STREET |
| CITY - ST - ZIP | LIVE OAK, FL 32064 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

J000000662661
03/21/07-80022-014 150.00

DO NOT WRITE
IN THIS SPACE

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 *Zhenfeng Chen* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR