## 2007 FOR PROFIT CORPORATION ANNUAL REPORT --- ...4

**DOCUMENT # P05000139143** 

CHEN'S CHINA STAR INC.



Principal Place of Business

4585 ST. JOHNS PKWY SANFORD, FL 32771

Mailing Address

4585 ST. JOHNS PKWY SANFORD, FL 32771

## **FILED** Jan 24, 2007 08:00 AM Secretary of State

Not Applicable



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

CR2E034 (11/05) 01172007 No Chg-P Applied For

4. FEI Number 20-3687932 \$8.75 Additional Fee Required 5. Certificate of Status Desired 

6. Name and Address of Current Registered Agent

CHEN, ZHONG QIANG 4585 ST. JOHNS PKWY SANFORD, FL 32771

## DO NOT WRITE IN THIS SPACE

| 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, typed or printed name of registered agent and lide if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |       |              |                                |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Camp Trust Fund Cor  |  |       | cing         | \$5.00 May Be<br>Added to Fees |   |
| 10.  | OFFICERS AND DIREC   | CTORS |              |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CHEN, ZHONG QIANG<br>4585 ST. JOHNS PKWY<br>SANFORD, FL 32771 |       |              |                                | U00000600935<br>01/26/07-80031-001 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |       |              |                                | 01/20/01/00031/031/130/00                 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  |       | DO NOT WRITE |                                | NOT WRITE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |       |              | IN '                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |       |              |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |       |              |                                |   |
| 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. |  |       |              |                                |   |