

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-12-2006 90077 009 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000143085			
1. Entity Name ALLEN MARKET INC.			
Principal Place of Business 5042 BLANDING BLVD JACKSONVILLE, FL 32210		Mailing Address 5042 BLANDING BLVD JACKSONVILLE, FL 32210	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent FENG, ZHOU 5042 BLANDING BLVD JACKSONVILLE, FL 32210		4. FEI Number 02-0754690	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____			
NOTE: Registered Agent signature required when reappointing			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$330.00		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	P	TITLE	
NAME	FENG, ZHOU	NAME	
STREET ADDRESS	5042 BLANDING BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 807, 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: <i>Zhou Feng</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			