## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

TURE AND TYPED OR RENTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P05000159815 1. Entity Name 04-07-2006 90022 041 \*\*\*150.00 GOURMET CHINA, INC. Principal Place of Business Mailing Address 5963 W. OAKLAND PARK BLVD. 11764 W SAMPLE RD., STE. 101 LAUDERHILL FL 33319 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt # etc. 03312006 Cho-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3899045 Not Applicable Country Zip Country 33313 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN, SHENG Street Address (P.O. Box Number is Not Acceptable) 5963 W. Oakland 4801 S. MILITARY TRAIL GREENACRES, FL 33463 Zip Code 333 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition CHEN, SHENG NAME NAME 5963 W. Dakland Park Blvd. STREET ADDRESS 4801 S. MILITARY TRAIL STREET ADDRESS Lauderhill, FL 33313 Xin Chen (V.P) CITY-ST-ZIP GREENACRES, FL 33463 CITY-ST-ZIP ☐ Delete TITLE NAME NAME 5963 W. Oakland Park Blod ., STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 33313. CITY-ST-ZIP TITLE ☐ Delete TITLE Addition XTAO XTAMA LIN NAME STREET ADDRESS STREET ADDRESS 5963 W. Bakland Park Blud. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

Date

Daytime Phone #