## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 03, 2007 8:00 am Secretary of State DOCUMENT # P06000003275 1. Entity Name 04-03-2007 90017 042 \*\*\*150.00 GRAND CHINA FARM, INC Principal Place of Business Mailing Address 16361 NORRIS RD. 15 BARNABY CT E. HAUPPUGE-NY 11788 WELLINGTON FL 33470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 37-05 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 20 - 4053 Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WONG, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 16361NORRIS RD WELLINGTON FL 33470 City 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, typed or printed gistered Agent signature required when reinstations FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu Delete DILLE Change Addition ZHU, XUE WEN NAMI NAME 51-15 BOWNE ST STREET ADDRESS STREET ADDRESS FLUSHING NY 11355 CHY ST-7IP CHY ST ZIP 1000 ☐ Delete 11111 ☐ Change ■ Addition WONG, JONATHAN NAM 15 BARNABY CT E. STREET ADDRESS STREET ADDRESS HAUPPUGE NY 11788 CHY St ZIP CITY ST ZIP IIIIIDelete HILL ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADORESS CHY ST ZIP CHY ST 7IP Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST ZIP THE Delete Change ☐ Addition NAME NAMI SHALL ADDRESS STREET ADDRESS CHY SI-ZIP CHY ST 7IP ШЦ Delete MILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP COY SI-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 early; 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:

**FILED**