

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90020 048 ***150.00

DOCUMENT # P06000005388
1. Entity Name
CHINA GARDEN III INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9846 STRINGFELLOW RD #C2		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAINT JAMES CITY, FL		City & State	
Zip 33956	Country	Zip	Country

40010027

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4125033		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name QUO QIU LIN	
Street Address (P.O. Box Number is Not Acceptable) 9846 STRINGFELLOW #C2	
City SAINT JAMES CITY	Zip Code 33956

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT QUO QIU LIN 9846 STRINGFELLOW #C2 SAINT JAMES CITY FL 33956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #