

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90367 029 ***150.00

DOCUMENT # P06000024013

1. Entity Name
ELEGANT DOORS & KITCHEN INC.



Principal Place of Business
**9521 SOUTH ORANGE BLOSSOM TRAIL SUITE 107
ORLANDO, FL 32839**

Mailing Address
**9521 SOUTH ORANGE BLOSSOM TRAIL SUITE 107
ORLANDO, FL 32839**

40034143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052007 Chg-P CR2E034 (12/06)

4. FEI Number

20-4364173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAH SERVICES, LLC
4837 POND RIDGE DRIVE
RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name **XIAO YU XU**

Street Address (P.O. Box Number is Not Acceptable)

9521 S. ORANGE BLOSSOM TRAIL

City **ORLANDO**

FL

Zip Code **32837**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P/D
TIAN, FUCHENG
4925 WATERWAY CT #436
ORLANDO, FL 32839**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP/D
XU, XIAOYU
4925 WATERWAY CT #436
ORLANDO, FL 32839**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P.D.
XU, YIAO YU.**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V.P. D.
TIAN, FUCHENG.**

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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.

SIGNATURE: **TIAN, FUCHENG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07 (407) 816-3629
Date Daytime Phone #