

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90030 004 ***150.00

DOCUMENT # P06000057624 1. Entity Name FOOJOY, CORP			
Principal Place of Business 2031 SHOMA DRIVE WEST PALM BEACH, FL-33414		Mailing Address 2031 SHOMA DRIVE WEST PALM BEACH, FL-33414	
2. Principal Place of Business - No P.O. Box # 9183 BRYDEN COURT		3. Mailing Address 9183 BRYDEN COURT	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WELLINGTON, FL		City & State WELLINGTON, FL	
Zip 33414		Zip 33414	
Country 		Country 	
4. FEI Number 20-4744985		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAU, STEPHEN P 9900 S GRAND DUKE CIRCLE TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE FOOJOY NAME PUN, TONY YUN KONG STREET ADDRESS 2031 SHOMA DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete	TITLE 9183 BRYDEN CT NAME WELLINGTON, FL 33414 STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MEI, LI-LIAN STREET ADDRESS 2031 SHOMA DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete	TITLE 9183 BRYDEN CT NAME WELLINGTON, FL 33414 STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		TONY PUN 4/15/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	