2008 FOR PROFIT CORPORATION ANNUAL, REPORT

DOCUMENT # P06000062197

1. Entity Name
6233 INTERNATIONAL DRIVE FL INC.



Principal Place of Business

6233 INTERNATIONAL DR. ORLANDO, FL 32819 Mailing Address

147-25 NORTHERN BLVD. APT. #3E

FLUSHING, NY 11354

FILED Apr 07, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4815744

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHENG, SHOW-LAIN C 6233 INTERNATIONAL DRIVE ORLANDO, FL 32819 DO NOT WRITE IN THIS SPACE

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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 a the obligations of registered agent. SIGNATURE X Signature, typed or printed name of registered agent and title (I applicable. (NOTE. Registered Agent signature required when reinstating) DATE						amiliar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9 Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000885278 04/18/08-80049-0	014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTOR CEO CHENG, SHOW-LAIN C 6233 INTERNATIONAL DRIVE ORLANDO, FL 32819	CTORS.				6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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TITLE NAME STREET ADDRESS CITY-ST-7IP					NOT WRITE	

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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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPDIRECTO

3/31/08

Daytime Phone #