

2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90037 026 ***150.00
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DOCUMENT # P06000099647

1. Entity Name
AROMA CORNER, INC.



07 JUL 16 PM 1:31

STATE
TAL20007075 FLORIDA

Principal Place of Business
5111-12 BAYMEADOWS RD
JACKSONVILLE, FL 32217

Mailing Address
5111-12 BAYMEADOWS RD
JACKSONVILLE, FL 32217



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5303945

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANG, LIN-YU
5308 DOWNINGTON DRIVE
JACKSONVILLE, FL 32257

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when requesting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WANG, LIN-YU
STREET ADDRESS 5308 DOWNINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME WANG, FU-MING
STREET ADDRESS 5308 DOWNINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME WANG, CHING-MEI
STREET ADDRESS 5308 DOWNINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 *[Signature]* LIN-YU WANG

03-07-2007 (904) 787-2622

* Spoke w/ Jane Smith, accountant -
corrected doc. mailed 3/27 - late fee waived
man -