2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000120651

1. Entity Name

LI HUA, INC.

Principal Place of Business	Mailing Address
10130 NORTHLAKE BLVD. SUITE 108 WEST PALM BEACH FL 33412	10130 NORTHLAKE BLVD. SUITE 108 WEST PALM BEACH FL 33412

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
10130 Northlake Blvd.		10130 Northlake Blvd.	
Suite, Apt. #, etc: Suite 108		Suite, Apt. #, etc: Suite 108	
City & State: West Palm Beach, Florida		City & State: West Palm Beach, Florida	
Zip: 33412	Country: U.S.	Zip: 33412	Country: U.S.

1st MOORE CR2E034 (10/07)

4. FEI Number 20-5576285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIU, LI HUA
10130 NORTHLAKE BLVD. STE. 108
WEST PALM BEACH FL 33421

7. Name and Address of New Registered Agent

Name: Liu, Li Hua
Street Address (P.O. Box Number is Not Acceptable): 10130 Northlake Blvd., Suite 108
West Palm Beach FL Zip Code: 33412

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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIU, LI HUA		NAME	
STREET ADDRESS	10130 NORTHLAKE BLVD. STE. 108		STREET ADDRESS	U00000816836
CITY-ST-ZIP	WEST PALM BEACH FL 33421		CITY-ST-ZIP	02/14/08-80068-011 150.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Li Hua Liu   Li Hua Liu   2-4-08   (561)-776-1784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #