

Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90414 042 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000060902 1. Entity Name TREASURE STARS, INC.					
Principal Place of Business 2595 S. HIAWASSEE RD. ORLANDO, FL 32835			Mailing Address P.O. BOX 621795 ORLANDO, FL 32862-1795		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-0221673	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LIU, FAN 3145 REGAL DARNER DR. KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	P/D MOU, JIN JIN 3145 REGAL DARNER DR. KISSIMMEE, FL 34744	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D LIU, FAN 3145 REGAL DARNER DR. KISSIMMEE, FL 34744	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
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 changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: x  x 4.23.08 DATE _____ Daytime Phone # _____		