## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
04-18-2008 90048 007 \*\*\*150.00

DOCU 1. Entity Natr OKA JAP					04-18-2	008 900	)48 UU / 1	***150.00					
Principal Place of Business				Mailing Address									
8011 MERILL ROAD				136 BOWERY					0048				
STE 19 Jacksonville, FL 32277 US				STE 203 New York, Ny 10013 US									
2. Principal Place of Business - No P.O. Box #			3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03132008	No-Chg-P	CR2E	034 (12/06)			
City & State				City & State			4. FELNumb	<u> </u>		N	pplied For ot Applicable		
Zip		Country		Zip	Совп	itry		5. Certificate	e of Status Desired		\$8.75 Ad Fee Require	ditional ed	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
SIU, EVAN YU FUNG						Name							
8011 MERILL ROAD STE 19						Street Address (P.O. Box Number is Not Acceptable)							
JACKSONVILLE, FL 32277						2:							
						City				FL	Zip Cod		
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 proted name of registered agent and left applicable.  [NOTE: Registered Agent pointing registered when remastered.]  DATE													
- SigNature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinsisting)  DATE													
FIL After M	E NOW!!! ay 1, 2008	FEE IS \$150.00 3 Fee will be \$550		O May Be to Fees									
10.	OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO OFF	ICERS ANI	DIRECTOR	S IN 11	
TITLE	P Delete III					1					Cyange	Addition	
SIREET AUDRESS CITY-SI-ZP	8011 MER	RILL ROAD STE 19 IVILLE, FL 32277		STREET ADDRESS			o CH	ANGE					
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NAME			Delete	HAV									
STREET ADDRESS CITY-51-ZIP		ET ADDRESS -SI-ZIP						İ					
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C(TY+\$1+2)P						-SI-ZIP							
TITLE				Delets	TITLE	ı					Change	Addition	
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CITY-ST-ZIP						-ST-21P						•	
ture .				☐ Deletz	TRUE				-		☐ Change	☐ Addition	
NAME STREET ADDRESS					NAMI STREE	ET ADDRESS						J	
CITY-ST-ZIP						ST-ZIP							
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 logal effect as if made under oath; that I am an officer or director of the corporation of 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 advised, with all rither like empowered.													
SIGNAT	URE	2		SIU	. Zv	MY YU	Fi	MG	3/13/0	8			
I	7	SHEET WHEN THE THE OF	PRINTER	NAME OF SIGNING OFFICER	OR DIRECT	DA		-	Deu		leytune Phone #		