

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90034 019 ***558.75

DOCUMENT # P07000119312 1. Entity Name SHANGHAI N TOKYO, INC.					
Principal Place of Business 3088 NE 41ST TER HOMESTEAD, FL 33033 US			Mailing Address 1937 S ALAFAYA TRL ORLANDO, FL 32828 US		
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc		3. Mailing Address 45 Division Street #218 Suite, Apt. #, etc			
City & State / Zip		City & State New York, NY Zip 10002		Country USA	
4. FEI Number 04232008				Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SHI, WENXIU 1937 S ALAFAYA TRL ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name Hui Lin Street Address (P.O. Box Number is Not Acceptable) 3088 NE 41st Ter City Homestead FL Zip Code 33033		
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 Hui Lin DATE _____ Signature typed or printed name of registered agent and the state applicable (NOT: Registered Agent signature required when remitting fee)					
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 SHI, WENXIU 1937 S ALAFAYA TRL ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY ST ZIP	Hui Lin 3088 NE 41st Ter Homestead, FL 33033	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition	
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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: Hui Lin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					