

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 024 ***150.00

DOCUMENT # P93000077740	
1. Entity Name HARVEST VALLEY, INC.	

Principal Place of Business 5151 NW 165 STREET MIAMI LAKES FL 33014 US	Mailing Address 5151 NW 165 STREET MIAMI LAKES FL 33014 US
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2. Principal Place of Business 5151 NW 165 Street	3. Mailing Address 5151 NW 165 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33014	Zip 33014
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0449872	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAO, TAI M 12177 NW 9TH DR. CORAL SPRINGS FL 33071	
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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 Y. H. L. Chao	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAO, TAI M 12177 NW 9TH DRIVE CORAL SPRINGS FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSA, BARRY 10210 NW 5TH STREET PEMBROKE PINES FL 33026 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAO, YI-HSIU LIU 12177 NW 9TH DRIVE CORAL SPRINGS FL 33071 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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.	
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SIGNATURE: Y. H. L. Chao	Date: 1/30/06	Daytime Phone #
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