2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023535

City-St-Zip:

Entity Name: GOLDEN CHOPSTICKS EXPRESS INC

FILED Apr 16, 2006 Secretary of State

	e. oolb					
Current P	rincipal Pla	ice of Business:	New Princ	New Principal Place of Business:		
1605 OVIE SUITE 133		TPLACE BLVD				
OVIEDO, F		US				
Current Mailing Address:			New Maili	New Mailing Address:		
1605 OVIEDO MARKETPLACE BLVD						
SUITE 133 OVIEDO, F		US				
FEI Number:	: 59-3232833	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address o	f Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SUITE 133	DO MARKE	TPLACE BLVD				
	named enti e of Florida.	ty submits this statement for th	ne purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Elect	ronic Signature of Registered	Agent		Date	
Election Car	npaign Financ	cing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP HSIAO, CHII 1605 OVIED OVIEDO, FL	O MARKETPLACE BLVD, SUITE 13	Title: Name: 35 Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete NG, MEI-JUNG IO MARKETPLACE BLVD, SUITE 13 . 32765	Title: Name: 35 Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	GM LISTAO, CH 1605 OVIED OVIEDO, FL	O MARKETPLACE BLVD	Title: Name: Address: City-St-Zip:	HSIAO, CHE	O MARKETPLACE BLVD. SUITE 1335	
Title: Name: Address:		() Delete	Title: Name: Address:	HSIAO, CHIA	()Change (X)Addition ∖-HUNG M O MARKETPLACE BLVD. SUITE 1335	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

OVIEDO, FL 32765

SIGNATURE: CHIA-HUNG M HSIAO GM 04/16/2006