

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000054900 1. Entity Name GLORY DESIGN ORIENTAL FURNITURE CORPORATION					
Principal Place of Business 10304 W MCNAB RD # A2 TAMARAC FL 33321 US			Mailing Address 10304 W MCNAB RD # A2 TAMARAC FL 33321 US		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0509317	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAN, YAM S. 10304 W MCNAB RD FORT LAUDERDALE FL 33321				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 reinstating) Signature typed or printed name of registered agent and file if applicable _____ 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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHAN, SUETTO BELINDA 10304 W MCNAB RD TAMARAC FL 33321	☐ Delete		☐ Change ☐ Addition 1000000478849 04/08/06-80020-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHAN, YAM S 10304 W MCNAB RD TAMARAC FL 33321	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ 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.

SIGNATURE: Suetto Chan (Suetto Chan, SEC.) 3-20-06 954 718 1130