## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 13, 2007 8:00 am DOCUMENT # P94000078581 **Secretary of State** 02-13-2007 90046 030 \*\*\*150.00 TASTE OF CHINA, INC. Principal Place of Business Mailing Address 3801 WEST LAKE MARY BLVD 3801 WEST LAKE MARY BLVD **UNIT 133 UNIT 133** LAKE MARY FL 32746 LAKE MARY FL 32746 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3801 W. Lare Mary Blvs Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) unit #133 City & State City & State 4. FEI Number Applied For 59-3278200 Not Applicable ake Mary Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32746 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEOU, SHYI G 3801 WEST LAKE MARY BLVD W. Lake Mary BIVO **UNIT 133** LAKE MARY FL 32746 City Zip Code 3ン746 -ake Mary 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 . Signature, typed or print a name of egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ח HILL Delete HILL Change Addition LEOU, SHYLG NAM 230 HANGING MOSS CIRCLE STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY ST 7IP CUY S1-ZIP ☐ Delete Change Addition LEOU, MEI L NAME NAM 230 HANGING MOSS CIRCLE STRUCT ADDRESS STREET ADDRESS. LAKE MARY FL 32746 CITY-ST-ZIP CHY ST ZIP ☐ Delete TITLE Change ■ Addition ши STREET ADDRESS STREET ADDRESS CHY St ZIP CHY SI-ZIP шш ☐ Delete HITE ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY+SL ZIP CHY ST ZIP ■ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY ST 7IP ☐ Defete HILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY-SI-ZIP 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 eath; 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. The all other like empowered.

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