2003 FOR PROFIT CORPORATION

FILED May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P95000010422 DOCUMENT # 05-01-2003 90371 046 ***150.00 1. Entity Name WONDERFUL CHINESE EXPRESS, INC. Principal Place of Business Mailing Address 380 STATE ROAD 434 380 STATE ROAD 434 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3292164 Not Applicable Zip Country Zip _ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAO SUNG YEH. Street Address (P.O. Box Number is Not Acceptable) 380 STATE ROAD 434 ALTAMONTE SPRINGS FL 32714 City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00_ 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE MAO SUNG YEH, NAME NAME 380 STATE ROAD 434 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ST ☐ Delete TITLE Change Addition NAME La yeh, wanda NAME STREET ADDRESS 515 NANTUCKET CT. #101 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS CHTY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Addition