

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90025 027 ***150.00

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1. Entity Name
NEW ASIAN CORPORATION



Principal Place of Business
**11233 RHAPSODY ROAD
COOPER CITY, FL 33026**

Mailing Address
**11233 RHAPSODY ROAD
COOPER CITY, FL 33026**

2. Principal Place of Business
6619 BOYNTON BEACH BLVD
Suite, Apt. #, etc.

3. Mailing Address
6619 BOYNTON BEACH BLVD
Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)



City & State
BOYNTON BEACH, FL
Zip
33437 Country
USA

City & State
BOYNTON BEACH, FL
Zip
33437 Country
USA

4. FEI Number
65-0591711 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MUI, FU
11233 RHAPSODY ROAD
COOPER CITY, FL 33026

7. Name and Address of New Registered Agent

Name
ZHANG, YAO JIA
Street Address (P.O. Box Number is Not Acceptable)
6424 LANSLOWNE CIRCLE

City
BOYNTON BEACH **FL** Zip Code
33437

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 *X you in 28*

1/11/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FU MUI	
STREET ADDRESS	11233 RHAPSODY ROAD	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZHANG, YAO JIA	
STREET ADDRESS	6424 LANSLOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *X you in 28*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

954-575-2544

Date

Daytime Phone #