

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000060973

1. Entity Name
MR. WU'S CHINESE GOURMET OF SUPERMALL, INC.



Principal Place of Business
**1101 SUPER MAL WAY
SUPER MAL STE 1037FC05
AUBURN, WA 98001 US**

Mailing Address
**C/O WATHEN ACCOUNTING, INC
11804 N 56TH ST
TAMPA, FL 33617-652 US**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3330086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WU, DONG J
3421 N. LAKEVIEW DR. SUITE 168
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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) 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 **D**
NAME **WU, DONG J**
STREET ADDRESS **3421 N. LAKEVIEW DR. #168**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **S**
NAME **WU, YOLANDA**
STREET ADDRESS **3421 N. LAKEVIEW DR. #168**
CITY-ST-ZIP **TAMPA, FL 33618**

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U00000522243
05/03/06-80020-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Yolanda Wu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-15-06 Daytime Phone # _____