


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90044 039 ***150.00

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O MARTIN WATHEN	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 47597	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33646-0114	Country USA



01222008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3330086		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, DONG J 3421 N. LAKEVIEW DR. #168 TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WU, YOLANDA 3421 N. LAKEVIEW DR. #168 TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, SECRETARY 1/25/08 702-202-1835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #