

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 024 ***150.00

DOCUMENT # P95000063230

1. Entity Name
PREMIUM COMPUTER PRODUCT CORPORATION



Principal Place of Business
16155 SW 117 AVE STE B16
MIAMI FL 33177
US

Mailing Address
10500 NW 29TH TER
MIAMI FL 33172
US



2. Principal Place of Business - No P.O. Box #

7391 SW 116th Ter

3. Mailing Address

7391 SW 116th Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number **65-0604843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUO, PHILIP
3111 STIRLING RD
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **Qiao, Lixin**

Street Address (P.O. Box Number is Not Acceptable)

7391 SW 116 Ter.

City **Miami**

FL

Zip Code **33156**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PDS**
NAME **QIAO, LIXIN**
STREET ADDRESS **10050 NW 29TH TER**
CITY-ST-ZIP **MIAMI FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

305 477-6333

Daytime Phone #