2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary or State					
DOCUMENT # P95000075836 1. Entity Name GOOD VIEW CORPORATION						02-12-200′	7 90091 030) ***15().00	
Principal Place of Business Mailing Address					1					
6757 SW 40 ST		6757 SW 40 ST		4001	4495					
MIAMI, FL 33155 US		MIAMI, FL 33155 US		40014495						
					((88)(88) (18	18184 BII		IE(SE 19/16 BII		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007	Chg-P	CR2E034	(12/06)			
City & State		City & State		4. FEI Number Applied For 65-0647538 Not Applicable						
Zip	Country	Zip Countr			Certificate of Status Desired					
6. Name and Address of Current Registered Agent				··········	7. Name and	Address of New	Registered Age	ent		
				ime						
LAU, WING H 1931 S.W. 16TH TERRACE MIAMI, FL 33145			Str	reet Address (t Address (P.O. Box Number is Not Acceptable)					
₩.#			Cit	ly			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.									and accept	
SIGNATURE 2										
Signature. Nipsed or printed name of registered agent and like if applicable (NOTE. Registered Agent signature required when reinstating).										
9. Election Campaign Financing \$5.00 May Re								,		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribu					.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FICERS AND D	IRECTORS	3 IN 11	
TITLE	PTD	☐ Delete	THTLE					Change	Addition	
NAME	LAU, WING H		NAME							
STREET ADDRESS	1931 S.W. 16TH TERRACE		STREET ADD	1						
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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:

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

(20)

Date

FEB 0 9 2007

Daytime Phone #