

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90022 003 \*\*\*150.00

**DOCUMENT # P96000024226**

1. Entity Name  
**BAMBOO GARDEN III, INC.**



Principal Place of Business  
**10041 PINES BLVD.  
PEMBROKE PINES, FL 33024**

Mailing Address  
**10041 PINES BLVD.  
PEMBROKE PINES, FL 33024**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**65-0652956**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORFINKEL, NESTOR B. ESQ.  
7 N.W. 2ND STREET  
#203  
MIAMI, FL 33128**

Name **MAN WA, YEUNG**

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

**10041 Pines Blvd**

City **PEMBROKE PINES**

**FL**

Zip Code **33024**

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]*

**MAN WA, YEUNG PRESIDENT 3-22-2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>MAN WA YEUNG</b>	
STREET ADDRESS	<b>323 NE 212 TEN</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>MOW TAI YAN</b>	
STREET ADDRESS	<b>211 NE 212 ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/2006**

Date

Daytime Phone #