

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

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**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0652956** **Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**MAN WA, YEUNG
10041 PINES BLVD
PEMBROKE PINES, FL 33024**

**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 reappointing) **DATE** _____
Signature, typed or printed name of registered agent and date if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000611894
02/02/07-80080-018 150.00**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**P
MAN WA YEUNG
323 NE 212 TEN
MIAMI, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**VP
MOW TAI YAN
211 NE 212 ST
MIAMI, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____