



FILED
Jul 11, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000032061		
1. Entity Name SENAO INTERNATIONAL (MIAMI), INC.		
Principal Place of Business 2604 NW 72ND AVENUE MIAMI, FL 33122 US		Mailing Address 2604 NW 72ND AVENUE MIAMI, FL 33122 US
DO NOT WRITE IN THIS SPACE		
		 07022007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0673438 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CHOU, INFFINIE 2604 NW 72ND AVENUE MIAMI, FL 33122		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 reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WANG, SHANSHAN 2604 NW 72ND AVENUE MIAMI, FL 33122	DO NOT WRITE IN THIS SPACE U000000768118 07/11/07-80001-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, PAO YUNG 2604 NW 72ND AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEO, MENG CHEE 2604 NW 72ND AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Daytime Phone # _____		