

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90037 007 ***150.00

DOCUMENT # P96000044829

1. Entity Name
WORLD OF MINIATURE BEARS, INC.



Principal Place of Business
**21113 JOHNSON ST.
#106
PEMBROKE PINES, FL 33029 US**

Mailing Address
**21113 JOHNSON ST.
#106
PEMBROKE PINES, FL 33029 US**

40034300



2. Principal Place of Business
8300 NW 68 STREET

3. Mailing Address
8300 NW 68 STREET

Suite, Apt. #, etc.

05172006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State

4. FEI Number
65-0665336

Applied For
Not Applicable

Zip
33166

Country

Zip
33166

Country

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

6. Name and Address of Current Registered Agent

**YANG, THERESA
1339 SW 172 TERRACE
PEMBROKE PINES, FL 33029-4822**

7. Name and Address of New Registered Agent

Name
THERESA YANG

Street Address (P.O. Box Number is Not Acceptable)
8431 S.W. 27 LANE

City
MIAMI

FL

Zip Code
33155

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 *Theresa Yang*

5-20-06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANG, THERESA 1339 S.W 172 TERR PEMBORKE PINES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SIRIWALOTHAKUL, WANCHAI 21113 JOHNSON STREET UNIT 106 PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MING-HUNG, SHIAO 21113 JOHNSON STREET UNIT 106 PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Theresa Yang*

5-20-06 305-592-7970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #