## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000036958**

1. Entity Name

LILY & HUANG CORPORATION



FILED
Mar 26, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

815 DONALD ROSS ROAD JUNO BEACH, FL 33408 815 DONALD ROSS ROAD JUNO BEACH, FL 33408



DO NOT WRITE IN THIS SPACE

 
 03232008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 69-0747399
 Applied For Not Applied by

5. Certificate of Status Desired

\$8.75 Additional Foe Required

6. Name and Address of Current Registered Agent

LIANG, JIE 815 DONALD ROSS RD JUNO BCH, FL 33408

## DO NOT WRITE IN THIS SPACE

					·	
	named entity submits this statement for the plons of registered agent.	urpose of changing its registers	d office or r	egistered agent, or b	oth, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title r	applicable. (NOTE Registered	1 Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			<u> </u>			
T(TLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, ZHENQUAN 252 SAN REMO DR JUPITER, FL 33458		 	, .	U00000871245 04/09/08-80120-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIANG, JIE 252 SAN REMO DR JUPITER, FL 33458					
TITLE			1			

## DO NOT WRITE IN THIS SPACE

STREET ADDRESS

CITY-\$1-ZIP

12. I hereby certify that the information supplied with this filling 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: \_\_\_\_

NAME STREET ADDRESS

THE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

NAME

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZHENQUAN CHEA

3/21/08

361-624

Dayteen Phone