

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90002 037 ***150.00

DOCUMENT# P98000030379

1. EntityName
LADYLAKESAKURA, INCORPORATED



PrincipalPlaceofBusiness MailingAddress
360 S HWY 441/27 360 S HWY 441/27
LADY LAKE, FL 32159 US LADY LAKE, FL 32159 US

60038964



2. PrincipalPlaceofBusiness 3. MailingAddress
Suite, Apt. #, etc. Suite, Apt. #, etc.

09052006 Chg-P CR2E034(11/05)

City&State City&State
Zip Country Zip Country

4. FEINumber 59-3500895 AppliedFor NotApplicable

5. CertificateofStatusDesired ☐ \$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CHEN, MINGCHIU
323WLADYLAKEBLVD
LADYLAKE, FL 32159

7. NameandAddressofNewRegisteredAgent

Name
StreetAddress (P.O. Box Number is Not Acceptable)
City FL ZipCode

8. The abovenamed 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 obligation of registered agent.

SIGNATURE _____ (NOTE: Registered Agents signature required when re-instating) DATE _____
Signature, typed or printed name of registered agent and if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006

9. Election Campaign Financing Trust/Fund Contribution. ☐ \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CHEN, MINGCHIU
STREET ADDRESS 323WLADYLAKEBLVD
CITY - ST - ZIP LADYLAKE, FL 32159

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V ☐ Delete
NAME CHEN, MINGHUA
STREET ADDRESS 2311WARD AVE
CITY - ST - ZIP LEESBURG, FL 34748

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-06 Date

407-898-7144 Daytime Phone#