

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000031096

1. Entity Name
LIN & CHEN ENTERPRISES, INC.



**FILED
Jan 07, 2005 8:00 am
Secretary of State**

01-07-2005 90005 011 ***150.00

50000540



01042005 Chg-P CR2E034 (10/03)

Principal Place of Business
1801 HWY 559
POLK CITY, FL 33868

Mailing Address
539 N MILLS AVE
ORLANDO, FL 32803

2. Principal Place of Business
801 ARIETTA CIR. N.

3. Mailing Address
Suite, Apt. #, etc.

4. City & State
AUBURNDALE, FL

5. Zip
33823

6. Country
US

7. City & State
Zip
Country

4. FEI Number
59-3505729

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

7. Name and Address of New Registered Agent

LIN, LIEN-TE
801 ARIETTA CIRCLE NORTH
AUBURNDALE, FL 33823

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *X* *Sin Sin - ZL*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIN, LIEN-TE 801 ARIETTA CIRCLE NORTH AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEN, YU FEN 801 ARIETTA CIRCLE NORTH AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: *X* *Sin Sin - ZL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #