2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 08:00 AM Secretary of State

ANNUAL REPORT					ren 13, 2000 00:0			
1. Entity Name	MENT # P980000832				Secretar	y of St		
Principal Place 2414 N. WICH MELBOURNE	KHAM ROAD	Mailing Address 539 N. MILLS AVE ORLANDO, FL 32803		200 ESI -14	DIDA 1819 8881 8841 8841	#### (####	KANIRA) It KANI	
	O NOT WRITE	IN THIS SDA	CE	02072008	No Chg-P	CR2E034 (11/05	5)	
				4, FEI Number 59-3530 5. Certificate o		j		
	6. Name and Address of Current Re- IONG ICKHAM ROAD RNE, FL 32935	gistered Agent		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT-W HIS SP	market Land Comment		
8. The above the obligat SIGNATURE	named entity submits this statement for thions of registered agent Signature typed or printed name of registered agent and		red office or register		, in the State of Flo	rida. I am familiar wit	h, and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees	U000 02/21/0)00826555 18-80054-021	! 150.00	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD GU, XUEHONG 2613 LOWELL CR MELBOURNE, FL 32935 V HUNG, KESHOUNG 2613 LOWELL CIRCLE	RECTORS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MELBOURNE, FL 32935			DŌ	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				INT	HIS SF	ACE		
NAME STREET ADDRESS CITY-SI-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 eath; 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 CHY-ST-ZIP

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

V/16/08

321-752-6898