

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 022 ***150.00

DOCUMENT # P98000084770 1. Entity Name GOOD WORLD CORPORATION			
Principal Place of Business 148 NW 167 STREET MIAMI, FL 33160 US		Mailing Address 41 NW 167 STREET NORTH MIAMI BEACH, FL 33169 US	
2. Principal Place of Business 41 NW 167 street Suite, Apt. #, etc. # A City & State Miami, FL Zip 33169 Country US		3. Mailing Address 41 NW 167 st Suite, Apt. #, etc. # A City & State Miami, FL Zip 33169 Country USA	
4. FEI Number 65-0867170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIU, YONG Q 1850 N.E. 169TH STREET SUITE 303 NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>[Signature]</i></u> DATE <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME LIU, YONG Q STREET ADDRESS 1850 N.E. 169TH STREET SUITE 303 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TR <input checked="" type="checkbox"/> Delete NAME CHING, KAICHUNG STREET ADDRESS 3817 SW 50 CT CITY-ST-ZIP FT. LAUDERDALE, FL 33312	TR Stirley Liu <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 NW 167 st Miami, FL 33169		
TITLE VP <input checked="" type="checkbox"/> Delete NAME NG, JENNY M STREET ADDRESS 4937 SW 32 WAY CITY-ST-ZIP FT. LAUDERDALE, FL 33312	VP Jing Liu <input type="checkbox"/> Change <input type="checkbox"/> Addition 41 NW 167 st Miami, FL 33169		
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/28/06</u> Daytime Phone #	

60034555



04282006 Chg-P CR2E034 (11/05)