


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90050 029 \*\*\*150.00

DOCUMENT # P99000026874	
1. Entity Name PHILIP LU, INC.	

Principal Place of Business 11640 NW 23RD ST CORAL SPRINGS, FL 33065	Mailing Address 11640 NW 23RD ST CORAL SPRINGS, FL 33065
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2. Principal Place of Business 499 E. PALMETTO PK RD Suite, Apt. #, etc. 223	3. Mailing Address 499 E. PALMETTO PK RD Suite, Apt. #, etc. 223
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City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432	Zip 33432
Country USA	Country USA



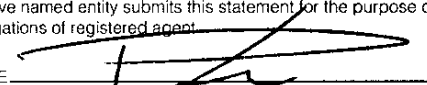
03092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0910514	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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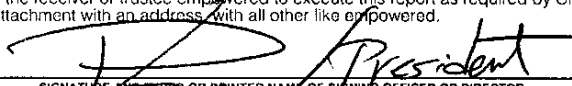
6. Name and Address of Current Registered Agent  FINEBERG, LIBO B 3500 GATEWAY DR, SUITE 201 POMPANO BEACH, FL 33069
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7. Name and Address of New Registered Agent  Name Street Address City FL Zip Code
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8. 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:  Philip Lu. DATE: 3/9/2006

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD LU, PHILIP 11640 NW 23RD ST CORAL SPRINGS, FL 33065 <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	<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 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:  President	DATE: 3/9/2006 Daytime Phone #: 954-290-2207