FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90071 039 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029384

1. EntityName
SUPER8CORPORATION

PrincipalPlaceofBusiness	MailingAddress
1455 N SEMORAN BLVD #127 CASSELBERRY, FL 32825	1455 N SEMORAN BLVD #127 CASSELBERRY, FL 32825

01072008 Chg-P CR2E034(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 59-3564710 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CHENG,SIUWING
1455N.SEMORANBLVD.
SUITE127
CASSELBERRY,FL32707

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City FL ZipCode

8. TheabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagentorbothintheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ____________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ $5.00 MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE NAME STREETADDRESS CITY-ST-ZIP	TSD CHENG,SIUWING 1455NSEMORANBLVD#127 CASSELBERRY,FL32707	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	PD ZHENG,WENQI 1455NSEMORANBLVD#127 CASSELBERRY,FL32707	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;andthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: X Wen ... 1-8-08
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#