

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000045636	
1. Entity Name CHINA MAX OF CRYSTAL RIVER, INC.	

Principal Place of Business 1801 NW US HWY 19 #517 CRYSTAL RIVER, FL 34428-6133	Mailing Address 4120 STAFFORDSHIRE DR. LAKELAND, FL 33809
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01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3578478	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, SHIANSHYAN 4120 STAFFORDSHIRE DR. LAKELAND, FL 33809

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SHIANSHYAN 4120 STAFFORDSHIRE DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRYFENAWATI, IRA 1943 FARRINGTON DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TJANDRADAJA, WIDIARTO 1943 FARRINGTON DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMBONO, ARIS 1943 FARRINGTON DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIDAYAT, ANDY 1943 FARRINGTON DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80086-001 150.00

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IN THIS SPACE**

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 807, 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: Shian-shyan Lee 1-28-06 858-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #