

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 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**



01042007 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**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000583348  
01/11/07-80067-018 150.00

**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	

**DO NOT WRITE  
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 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:** *Shian-Shyan Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-6-07*

Date

*(863) 858-2198*

Daytime Phone #