

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 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**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

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, 2008 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	

U00000796721
01/23/08-80044-025 150.00

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shian-shyan Lee 1/7/08

Date

Daytime Phone #