

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90228 022 ***150.00

DOCUMENT # P99000085760	
1. Entity Name SYLVIE CHIN II CORP.	



Principal Place of Business 303 US 301BLVD WEST UNIT 241 BRADENTON, FL 34205 US	Mailing Address 1221 EAST ROBINSON STREET ORLANDO, FL 32801
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60043179



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 105 E. SR 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WINTER SPRINGS FL	
Zip	Country	Zip	Country
		32708	USA

04142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3620095	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent FONG, DAVID 1221 EAST ROBINSON STREET ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 E. SR 434 City WINTER SPRINGS FL Zip Code 32708	
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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 _____ (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. <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	PD CHIANG, MAO-CHIN 8725 53RD ROAD PLACE EAST BRADENTON, FL 34211 <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	VD ISABELLE, SYLVIE 8725 53RD ROAD PLACE EAST BRADENTON, FL 34211 <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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #