


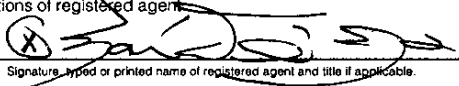

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90467 035 ***150.00

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DOCUMENT # S32153			
1. Entity Name JAMES IMPORT CORPORATION			
Principal Place of Business 12233 S.W. 148TH TERRACE MIAMI, FL 33186 US		Mailing Address 4315 NW 7TH ST., #51 MIAMI, FL 33126 US	
2. Principal Place of Business 17081 SW 91 AVE		3. Mailing Address 17081 SW 91 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33157	Country USA	Zip 33157	Country USA
6. Name and Address of Current Registered Agent CHIOU, MARINA G. 12233 S.W. 148TH TERRACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name CHIOU MAIWEI PC Street Address (P.O. Box Number is Not Acceptable) 17081 SW 91 AVE City MIAMI FL Zip Code 33157	
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 		DATE	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHIOU, MAIWEI PC 12233 S.W. 148TH TERRACE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHIOU MAIWEI PC 17081 SW 91 AVE MIAMI FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date CHIOU MAIWEI PC PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (786) 287-834	