

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90467 035 \*\*\*150.00

**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**

**60032421**



2. Principal Place of Business  
**17081 SW 91 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**17081 SW 91 AVE**  
Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State  
**MIAMI FL**  
Zip  
**33157**  
Country  
**USA**

City & State  
**MIAMI FL**  
Zip  
**33157**  
Country  
**USA**

4. FEI Number  
**65-0305016**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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   
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, 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  
**PSD  
CHIOU, MAIWEI PC  
12233 S.W. 148TH TERRACE  
MIAMI, FL 33186** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CHIOU, MARINA G  
12233 S.W. 148TH TERRACE  
MIAMI, FL 33186** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
CHIOU MAIWEI PC  
17081 SW 91 AVE  
MIAMI FL 33157** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CHIOU MARINA G  
17081 SW 91 AVE  
MIAMI FL 33157** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

**CHIOU MAIWEI PC**  
**PRESIDENT**

Date

Daytime Phone #

**(786) 287-834**