

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90119 002 ***150.00

DOCUMENT # S57794			
1. Entity Name EVERSHINE GROUP, INC.			
Principal Place of Business 8502 N. ARMENIA AVE. BLDG #4 STE 2D TAMPA FL 33604 US		Mailing Address 8502 N ARMENIA DRIVE BLDG #4 STE 2D TAMPA FL 33604 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3070821		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIU, ELLEN 14908 EVERSHINE ST TAMPA FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 date if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P LIU, ELLEN W 14908 EVERSHINE ST. TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIU, ELLEN W 14908 EVERSHINE ST. TAMPA, FL 33624 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIU, PHILIP J.C. 14908 EVERSHINE ST TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIU, PHILIP J.C. 14908 EVERSHINE ST. TAMPA, FL 33624 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIU, ELLEN W 14908 EVERSHINE ST TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIU, ELLEN W 14908 EVERSHINE ST. TAMPA, FL 33624 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EKUAN, VIVIEN L 2230 ESPERANCA AVE SANTA CLARA CA 95051 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NONE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LIU, TED J.B. 4045 BALFOUR AVE. OAKLAND CA 94610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS (TREASURE) LIU, PHILIP J.C. 14908 EVERSHINE ST. TAMPA, FL 33624 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LIU, ELLEN W 14908 EVERSHINE ST TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NONE ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Ellen Liu</i>		E LLEN LIU 4/8/08 8138171168	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	