

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # S63645

1. Entity Name
FLORIDA SPLENDID CHINA, INC.



Principal Place of Business

**3000 SPLENDID CHINA
KISSIMMEE, FL 34747 US**

Mailing Address

**3000 SPLENDID CHINA
KISSIMMEE, FL 34747 US**



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3050852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOCHUN, LIN
3000 SPLENDID CHINA BLVD.
KISSIMMEE, FL 32747**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DU, XINJIAN
STREET ADDRESS	7883 CONNAUGHT RD CTS HOUSE
CITY-ST-ZIP	HONG KONG,
TITLE	CEO
NAME	LIN, BOCHUN
STREET ADDRESS	3000 SPLENDID CHINA BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	D
NAME	CHEN, SHOUJIE
STREET ADDRESS	CTS HOUSE, 78-83 CONNAUGHT RD C
CITY-ST-ZIP	HONG KONG,
TITLE	D
NAME	MIAO, ZMUANG
STREET ADDRESS	CTS HOUSE, 78-83 CONNAUGHT RD C
CITY-ST-ZIP	HONG KONG,
TITLE	D
NAME	ZHANG, FENG CHUN
STREET ADDRESS	CTS HOUSE, 78-83 CONNAUGHT RD C
CITY-ST-ZIP	HONG KONG,
TITLE	VP
NAME	LAI, JOHN K
STREET ADDRESS	7980 W IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL 34747

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04/14/05-80100-004 750.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Bochun Lin

Date

4/8/05

Daytime Phone #

407-397-8816