2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 20, 2006 08:00 AM Secretary of State DOCUMENT # S72410 1. Entity Name BEIJING GARDEN, INC. Principal Place of Business Mailing Address 9723 W BROWARD BLVD 9723 W BROWARD BLVD **STE 14B** STE 14B PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0279624 Not Applicable Z_{1D} Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANKEN, CHARLES D. Street Address (P.O. Box Number is Not Acceptable) 8181 W BROWARD BLVD **STE 360** PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OP ☐ Delote TITLE ☐ Change ☐ Address NAME HSIEH, CHIH HSIA MAME U000000473586 STREET ADDRESS 9723 W BROWARD BLVD STREET ADDRESS 03/31/06-80022-020 150.00 CHY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE Defete ☐ Change Addition NAME PAI, ALICE W. NAME STREET ADDRESS 9723 W BROWARD BLVD STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZEP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete 1(7).F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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:

CHIH HSIA HSie

3/17/06

FILED

954-474-2888