2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$95330 1. Entity Name CHINA PAVILION EXHIBITION CORPORATION							Apr 23, 2005 08:00 AN Secretary of State					
Principal Place of Business EPCOT CENTER P.O. BOX 10000 LAKE BUENA VISTA FL 32830 US				Mailing Address CHINA PAVILION P.O. BOX 22987 LAKE BUENA VISTA FL 32830 US				AMANA INA KANANA MINA MINA MINA	(d):			
Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.								
City & State				City & State					CR2E034 (10	·	plied For	
Zip Country			Zip		£.;	4. FEI Numb	59-3098421		Not	t Applicable		
Zip					try		e of Status Desired	Feel	75 Addi Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
YU, CYNTHIA C/O MARCO POLO COLUMBUS & FERRARI 9101 STATE ROAD 535, SUITE 300 ORLANDO FL 32836						Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32836						City	FL Zip Code					
the obligat	tions of regist	y submits this statement f tered agent. or printed name of registered agen				ed office of regis	· 	oth, in the State of Flor		ar with, a	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Campa Trust Fund Cont	ribution. 🗍	Added	00 May Be d to Fees	
10. TITLE	Ь	OFFICERS AND	DIRECTO	 	11.		ADDITIONS	CHANGES TO OFFI				
NAME STREET ADDRESS CITY-ST-ZIP	YING, NEL P.O. BOX					E ET ADDRESS -ST-ZIP		U00000325171 04/23/05-80005-013		Change 158.7	☐ Addition	
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12. I hereby of indicated of the corchanged,	certify that the on this repor poration or the or on an atta	e information supplied wit it or supplemental report ne receiver or trustee emp achment with an address	h this filing s true and owered to with all ot	does not qualify for accurate and that n execute this report her like empowered.	r the exe ny signal as requi	mption stated in ture shall have th red by Chapter 6	Section 119.07(3) ne same legal effe 307, Florida Statut)(i), Florida Statutes. I act as if made under o les, and that my name	further certify th ath; that I am ar appears in Bloo	at the inf officer o	formation or director Block 11 if	

SIGNATURE AND TYPED THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytme Phone #