


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90095 015 \*\*\*150.00

<b>DOCUMENT # V11651</b> 1. Entity Name <b>THE RICE BUCKET, INC.</b>	
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Principal Place of Business <b>15364 N.W. 79TH COURT MIAMI, FL 33016</b>	Mailing Address <b>15364 N.W. 79TH COURT MIAMI, FL 33016</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04172007 Chg-P CR2E034 (12/06)

City & State  Zip Country	City & State  Zip Country	4. FEI Number <b>65-0325499</b>
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Applied For
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>  <b>WEIR ANGELINE G. ESQ. 1930 TYLER ST. HOLLYWOOD, FL 33020</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS YU, WAI HUA</b> 13164 SW 49 COURT MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS YU, WAI HUA</b> 1585 S.W. 191 AVE, Pembroke Pines, FL, 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YU, CHUN KWAI</b> 13164 SW 49 COURT MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YU, CHUN KWAI</b> 1585 S.W. 191 AVE Pembroke Pines, FL. 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]

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]* Date: 4-19-2007 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR