2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam				Se	cretary	of State	
GREAT L	AKE OF CHINA, INC., #2						
Principal Plac	e of Business	Mailing Address		÷.			
18265 PINE	\$ BLVD	18265 PINES BLVD					
PEMBRUKE	PINES, FL 33029	PEMBROKE PINES, FL 33029		1 1899 8779	M ESMAF SASSA SASTA ARSAS SI	ni didil didil didil diasi d	TT
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				01272006	No Chg-P	CR2E034 (11	
ם	O NOT WRITE	CE	4. FEI Numb		0142034(11	Applied For	
				65-033			Not Applicable
				5. Certificate	of Status Desired	□ \$8.73 Fee Re	5 Additional equired
	6. Name and Address of Current R	ar ship anatomorphic		···		* * * * * * * * * * * * * * * * * * *	
	II, LOUIS A. MIAMI GARDENS DRIVE, 2ND		DO	NOT W	RITE		
SUITE 760 N. MIAMI BEACH, FL 33180				IN -	THIS SI	PACE	
	5			AWARENDA			
	named entity submits this statement for	the purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of F	lorida. I am familiar	with, and accept
	ions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent ar	d tide if applicable (NOTE, Registere	ed Agent signature required	t when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	ncing \$5 Add	.00 May Be ed to Fees				
10.	OFFICERS AND E	DIRECTORS					
TITLE	DP CUTUNG LALGUIL		1		•		•
NAME STREET ADDRESS	CHEUNG, LAI CHU 18265 PINES BLVD		1				
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	<u> </u>			<u> </u>	0424643 -80060-010	
TITLE NAME	DPS CHU, CHEUNG L				18/18/06	-80090-010	150.00
STREET ADDRESS	18265 PINES BLVD			• •			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	· <u>-</u>		Application of the second			
NAME			1				
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE		· · · · · · · · · · · · · · · · · · ·	*** * *(; • * */*****		THIS SI		
NAME		•	1	11.4		AOL.	
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME			The Table 2 agree 1 agree	· 51 —	•		
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	}		1				

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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-27-2006