

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90416 017 \*\*\*158.75

**DOCUMENT # V45267**

1. Entity Name

**MANDARIN DRAGON, INC.**



Principal Place of Business

**11362 SAN JOSE BLVD.  
JACKSONVILLE FL 32257**

Mailing Address

**11362-8 SAN JOSE BLVD  
JACKSONVILLE FL 32223**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3132080**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**CHOW, IVAN  
11362-8 SAN JOSE BLVD  
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

**Ting Joe**

Street Address (P.O. Box Number is Not Acceptable)

**11362-8 San Jose Blvd**

City

**Jacksonville**

**FL**

Zip Code

**32257**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHOW, IVAN	
STREET ADDRESS	3128 MERLIN DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHOW, ALEXANDER	
STREET ADDRESS	11208 CHESTER LAKE RD W.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHOW, CATHERINE	
STREET ADDRESS	3125 MERLIN DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	CHOW, ELLEN	
STREET ADDRESS	3128 MERLIN DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ting Joe	
STREET ADDRESS	11141 Wandering Oaks Dr.	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chou, Yung	
STREET ADDRESS	11141 Wandering Oaks Dr.	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #