2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 03, 2008 08:00 A Secretary of State DOCUMENT # V49041 1. Entity Name TAIPEI OF NAPLES, INC. Principal Place of Business Mailing Address **EMPEROR EXPRESS** 5620 STRAND BD #1 5620 STRAND BLVD #1 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 65-0352301 Not Applicable Zip Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANG, CHUN-HSUEH Street Address (P.O. Box Number is Not Acceptable) 2537 LONG BOAT DR. NAPLES FL 34104-3327 City Zip Code 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. 9 grature, typed or primed Hame of registered agent and title. Primpi cable. DATE SNOTE: Registrated Approximation required when revenueling FILE NOW!!!-FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition ☐ Deiete Change NAME WANG, CHUN-HSUEH NAME STREET ADDRESS 2537 LONG BOAT DR. STREET ADDRESS CITY-ST-ZIF NAPLES FL 34104-3327 CITY - ST - ZIP TITLE □ De∘ele TITLE ☐ Change Addition NAME KAM-FAI, LAI NAME U000000846234 03/18/08-80019-023 150.00 STREET ADDRESS 2537 LONG BOAT DR. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104-3327 CITY-ST-ZIP TITLE 1016 De-ele Change Addition NAME HARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP THE Defete ☐ Change Addition Title MAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete ☐ Change Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 efficer 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.

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