# Fo7000005849

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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### **COVER LETTER**

	(Name of Corporation)	
	, ,	
DOCUMENT NUMBER: F0700	0005849	
The enclosed <b>withdrawal app</b>	lication and fee are submitted for filing.	
Please return all corresponden matter to the following:	ce concerning this	
Oscar R. Aguilar		
	(Name of Person)	
O&P Tax-Accounting Co	orp.	
	(Firm/Company)	
11890 SW 9th Street, Ph	I VII	
	(Address)	
Mlami, FL 33184		
	(City/State and Zip code)	

### **MAILING ADDRESS:**

(Name of Person)

TO:

**Amendment Section** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Area Code & Daytime Telephone Number)

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

China Eternal Copiers Technology USA, Inc.	-3
(Name of Corporation)	SECRETARY 21
F07000005849	<b>5</b>
(Document Number of Corporation (if k	nown) SEE FLO
(Incorporated Under Laws of)	RIO O
This corporation is no longer transacting business or conducting affavoluntarily surrenders its authority to transact business or conduct at	
This corporation revokes the authority of its registered agent in-Florid appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in the state of the service of process the time it was authorized to transact business or conduct affairs in the service of the	based on a cause of action arising during
The following is a current mailing address for the corporation:	
101 Morgan Drive	
(Mailing Address)	
Norwood, MA 02062	
(City/ State /Zip)	,
The corporation agrees to notify the Department of State In the futu	re of any change in its mailing address.
1 miles	. 1/1/2008
(Signature of a directer, president or other officer - If in the hands of a receiver or other count appointed fiduciary, by that fiduciary)	(Date)
XUEWEN MA	President
(Typed or printed name of person-signing)	(Title of person signing)