


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L06000121307 1. Entity Name ASIA FOCUS, LLC	
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Principal Place of Business 8005 NW 90 STREET MEDLEY, FL 33166	Mailing Address 8005 NW 90 STREET MEDLEY, FL 33166
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03102008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8071358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NG, ABE
8005 NW 90 STREET
MEDLEY, FL 33166

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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

04/16/08 0902-023 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, ABE 8005 NW 90 STREET MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, ALLAN 8005 NW 90 STREET MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, BETTY 8005 NW 90 STREET MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, IVA 8005 NW 90 STREET MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3/31/08 305 846887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone