

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90292 022 \*\*\*150.00

DOCUMENT # P01000013730  
1. Entity Name  
**FLORIDA DONGYU INVESTMENT, INC.**

**DO NOT WRITE IN THIS SPACE**

**656779**

2. Principal Place of Business  
**121 BROADWAY AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**121 BROADWAY AVE.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**KISSIMMEE, FL**  
Zip **34741** Country **USA**

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Zip **34741** Country **USA**

4. FEI Number  
**59-3705428**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**AGNES CHAU, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1801 E. COLONIAL DR.**  
**Ste. 168**  
City **ORLANDO** FL Zip Code **32803**

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**


10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P</b> <b>YAN LI</b> <b>7729 BARDMOOR HILL CIRCLE</b> <b>ORLANDO, FL 32835</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/V</b> <b>BING LI</b> <b>1760 LEE JANZEN RD.</b> <b>KISSIMMEE, FL 34744</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/S</b> <b>YU YANG ZHANG</b> <b>1769 LEE JANZEN RD.</b> <b>KISSIMMEE, FL 34744</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/T</b> <b>YUNQI WANG</b> <b>4566 AUGUSTINE ST.</b> <b>PLEASANTON, CA 94566</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>YVONNE GUO</b> <b>4645 SOCUM LOOP, ROOM 125</b> <b>LAKELAND, FL 33809</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with full authority empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone #

CR2E034B (12/01)