

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90693 048 ***550.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033134
 1. Entity Name
 Traxx America, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10914 N.W. 33rd St. Suite, Apt. #, etc. Suite 107 City & State Miami, FL Zip 33172-5028		3. Mailing Address 10914 N.W. 33rd St. Suite, Apt. #, etc. Suite 107 City & State Miami, FL Zip 33172-5028	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Xu Lin
Street Address (P.O. Box & Number, if Applicable) 10914 NW 33rd St., Suite 107
City Miami
FL Zip Code 33172

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 D/P/S/T	TITLE
NAME Xu Lin	NAME
STREET ADDRESS 10914 NW 33rd St., Suite 107	STREET ADDRESS
CITY - ST - ZIP MIAMI, FL 33172	CITY - ST - ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
TITLE	TITLE
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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)(f), 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 all other like empowered.

SIGNATURE: Lin Xu 04/24/02 305-477-1277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #