

2007

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 09, 2007 8:00 am  
Secretary of State

04-09-2007 90060 005 \*\*\*150.00

<b>DOCUMENT #</b> P01000033134 1. Entity Name Traxx America, Inc.
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**DO NOT WRITE IN THIS SPACE**

40053372

2. Principal Place of Business 5201 Blue Lagoon Dr. Suite, Apt. #, etc. 8th Floor City & State Miami, FL Zip 33126	3. Mailing Address 5201 Blue Lagoon Dr. Suite, Apt. #, etc. 8th Floor City & State Miami, FL Zip 33126
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Country USA	Country USA
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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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Xu, Lin	
Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Dr.	
8th Floor	
City Miami	Zip Code FL 33126

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.

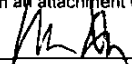
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Xu, Lin 5201 Blue Lagoon Dr., 8th Floor Miami, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Lin Xu  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/06/07 Daytime Phone # 305-477-1277

CR2E034B (12/02)