2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P01000116315 1. Entity Name NEW K-100, INC. Principal Place of Business Mailing Address 6706 & 6708 STIRLING RD DAVIE FL 33024 .7897 SOUTH SILVERADO CR. DAVIE FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 02-0532695 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LU, ZHI Y. 7897 SOUTH SILVERADO CR. Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33024 City Zip Code 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 Tapplicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete atte Change ☐ Addition NAME NAME LU, ZHI Y. U00000328840 04/25/05-80094-011 150.00 STREET ADDRESS 7897 SOUTH SILVERADO CR. STREET ADDRESS DAVIE FL 33024 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET AUDRESS STREET ADDRESS CHY-ST-MP CITY-ST-ZIP TITLE Delete THE Addition Change NAME. NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP City-St-ZIP THLE HILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7(P CITY-ST- ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR

SIGNATURE:

FILED