FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91014 040 ***150.00

DOCUMENT # P0 20000 11837

1. Entity Name

RED FLOWER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13401 SUMMERLIN RD	13401 SUMMERLIN RD
Suite, Apt. #, etc. #7	Suite, Apt. #, etc. #7
City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33919 Country U.S.A.	Zip 33919 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3599409 ☐ 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 JESSICA C. TIEN

Street Address (P.O. Box Number is Not Acceptable)
TIEN LAW GROUP
100 SOUTH ASHLEY DR. SUITE 2200

City TAMPA **FL** Zip Code 33602

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 $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D NAME XUE WU, TANG STREET ADDRESS 5316 SUMMERLIN RD #7 CITY-ST-ZIP FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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: XUE WU, TANG 03-20-03 239 936-7647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #