


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000112454 1. Entity Name XU'S, INC.					
Principal Place of Business 16049 TAMPA PALMS BLVD TAMPA FL 33647		Mailing Address 16049 TAMPA PALMS BLVD TAMPA FL 33647			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1653506	
6. Name and Address of Current Registered Agent XU, SHI BIAO 16049 TAMPA PALMES BLVD W TAMPA FL 33647				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required			
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete		TITLE U00000478840	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME XU, SHI BIAO	<input type="checkbox"/> Delete		NAME 04/08/06-80020-013 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 16049 TAMPA PALMS BLVD W	<input type="checkbox"/> Delete		STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP TAMPA FL 33647	<input type="checkbox"/> Delete		CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE VP	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME LI, WEN FANG	<input type="checkbox"/> Delete		NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 16049 TAMPA PALMS BLVD W	<input type="checkbox"/> Delete		STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP TAMPA FL 33647	<input type="checkbox"/> Delete		CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME 	<input type="checkbox"/> Delete		NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 	<input type="checkbox"/> Delete		STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP 	<input type="checkbox"/> Delete		CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add	



1st MOORE CR2E034 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 807, 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.

SIGNATURE: Wenfang Li 3-21-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____