

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90112 012 ***550.00

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DOCUMENT # P02000112454

1. Entity Name
XU'S, INC.



Principal Place of Business
8406 N. TAMPA STREET
~~LOT 24A~~
~~TAMPA FL 33604~~

Mailing Address
8406 N. TAMPA STREET
~~LOT 24A~~
~~TAMPA FL 33604~~



2. Principal Place of Business
16049 TAMPA PALMS Blvd W

3. Mailing Address
16049 TAMPA PALMS Blvd W

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State **TAMPA FL** City & State **TAMPA FL**

4. FEI Number **06-1653506** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **33647** Country Country Zip **33647** Country

6. Name and Address of Current Registered Agent

XU, SHI BIAO
8406 N. TAMPA STREET
~~LOT 24A~~
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
16049 TAMPA PALMS Blvd W

City **TAMPA** FL Zip Code **33647**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 | <input type="checkbox"/> Delete |
| NAME XU, SHI BIAO | |
| STREET ADDRESS 8406 N. TAMPA STREET LOT 24A | |
| CITY-ST-ZIP TAMPA FL 33604 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME LI, WEN FANG | |
| STREET ADDRESS 8406 N. TAMPA STREET LOT 24A | |
| CITY-ST-ZIP TAMPA FL 33604 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 16049 TAMPA PALMS Blvd W | |
| CITY-ST-ZIP TAMPA, FL 33647 | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 16049 TAMPA PALMS Blvd W | |
| CITY-ST-ZIP TAMPA, FL 33647 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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.

SIGNATURE: **SIGNATURE REQUIRED** 07/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)