


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90024 002 \*\*\*163.75

**DOCUMENT # P97000006332**

1. Entity Name  
**SHOUGANG MIAMI, INC.**



Principal Place of Business  
**8229 NW 68 ST.  
 MIAMI, FL 33166**

Mailing Address  
**8229 NW 68 ST.  
 MIAMI, FL 33166**

2. Principal Place of Business  
**12234 SW 128 St**

3. Mailing Address  
**12234 SW 128 St**

Suite, Apt. #, etc.  
**Miami FL**

Suite, Apt. #, etc.  
**Miami FL**

City & State  
**33186**

City & State  
**33186**

Zip Country

Zip Country

05232005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0717219**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HONG, LI**  
**8229 NW 68 ST.**  
**MIAMI, FL 33166**

7. Name and Address of New Registered Agent

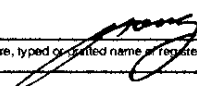
Name **Hong, Li**

Street Address (P.O. Box Number is Not Acceptable)  
**12234 SW 128 St**

City **Miami** Zip Code **33186**

City **FL** 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  (President) DATE **5-23-2005**

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

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HONG, LI 10604 SW 108 AVE. A-103 MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD XINGSHENG, WANG AV. REPUBLICA.DE CHILE NO. 262 MARIA LIMA-11, PERU, 1229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YIXIN, TAN BUILDING-3#-SHIJINGSHAN DISTRICT BEIJING, BEIJING, p00043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAN, LIU AV. REPUBLICA. DE CHILE NO. 262 MARIA LIMA-11, PERU, 1229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HONG, LI 12234 SW 128 St Miami FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (Li Hong) DATE **5-23-2005** DAYTIME PHONE # **305 235 2110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

908 405 5207