

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076687

Entity Name: EVER-GLORY INTERNATIONAL GROUP, INC.**Current Principal Place of Business:**NO 509, CHENGXIN ROAD, JIANGNING DISTRICT, NANJING CITY, JIANGSU PROVINCE
NANJING, JIANGSU 211102**Current Mailing Address:**NO 509, CHENGXIN ROAD, JIANGNING DISTRICT, NANJING CITY, JIANGSU
PROVINCE
NANJING, JIANGSU 211102 CN**FEI Number:** 65-0548697**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	KANG, YIHUA
Address	NO 509, CHENGXIN ROAD, JIANGNING DISTRICT, NANJING CITY, JIANGSU PROVINCE
City-State-Zip:	NANJING JIANGSU 211102

Title	COO
Name	SUN, JIA JUN
Address	NO 509, CHENGXIN ROAD, JIANGNING DISTRICT, NANJING CITY, JIANGSU PROVINCE
City-State-Zip:	NANJING JIANGSU 211102

Title	CFO
Name	WANG, JIANSONG
Address	NO 509, CHENGXIN ROAD, JIANGNING DISTRICT, NANJING CITY, JIANGSU PROVINCE
City-State-Zip:	NANJING JIANGSU 211102

Title	DIRECTOR
Name	WANG, JIANHUA
Address	KUNSHAN CITY, JIANGSU PROVINCE, CHINA
City-State-Zip:	KUNSHAN JIANGSU

Title	DIRECTOR
Name	MERRY, TANG
Address	NEW YORK, NY
City-State-Zip:	NY NY

Title	DIRECTOR
Name	ZHANG, ZHIXUE
Address	BEIJING CITY, CHINA
City-State-Zip:	BEIJING

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WANG JIANSONG

CFO

03/09/2015

Electronic Signature of Signing Officer/Director Detail_____
Date