2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007554

Entity Name: AOXING PHARMACEUTICAL COMPANY, INC.

FILED Mar 31, 2016 **Secretary of State** CC5991967948

Current Principal Place of Business:

1098 FOSTER CITY BLVD. SUITE 106-810 FOSTER CITY, CA 94404

Current Mailing Address:

1098 FOSTER CITY BLVD. SUITE 106-810 FOSTER CITY, CA 94404 US

FEI Number: 65-0636168 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156-2723 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: MICHAEL A BARR 03/31/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CEO, DIRECTOR Title **DIRECTOR** YUE. ZHENJIANG Name Name MIN. JUN

1098 FOSTER CITY BLVD. Address 1098 FOSTER CITY BLVD. Address

SUITE 106-810 SUITE 106-810

FOSTER CITY CA 94404 FOSTER CITY CA 94404 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **CFO**

CHOW, WILFRED Name XU, GUOZHU Name

1098 FOSTER CITY BLVD. 1098 FOSTER CITY BLVD. Address Address

SUITE 106-810 SUITE 106-810

City-State-Zip:

Title **DIRECTOR** LI, YANG Name

City-State-Zip:

1098 FOSTER CITY BLVD. Address

SUITE 106-810

FOSTER CITY CA 94404

FOSTER CITY CA 94404 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

FOSTER CITY CA 94404