2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000856

Entity Name: SINOFISH, INC

FILED Jun 01, 2007 Secretary of State

Entity Nai	me: SINOFIS	H, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
577 ISHAM ST. #2-B NEW YORK, NY 10034				518 OAK HARBOUR DR JUNO BEACH, FL 33408			
Current M	lailing Addres	ss:	New Mailing Address:				
577 ISHAM ST. #2-B NEW YORK, NY 10034			518 OAK HARBOUR DR JUNO BEACH, FL 33408				
FEI Number	: 13-4083190	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desi	red ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	NORMAN HARBOUR DR ACH, FL 3340						
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent	t, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent	Date			
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution().	ot receive the prior notic	e.			
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP (HIRSCH, NOR! 422 CORAL CO JUNO BEACH,	OVE DR	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	JIANG, LI 9/F BLDG #5 V) Delete /ANDA PLAZA, NO 11 LANGJIAYUA BEIJING CHINA, 10002 OC	Title: Name: N Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	ST (HIRSCH, JULIE 422 CORAL CO JUNO BEACH.	OVE DR	Title: Name: Address: Citv-St-Zip:	ST () HIRSCH, JULI 422 CORAL C JUNO BEACH.	OVE DR		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN HIRSCH CP 06/01/2007