2004 FOR PROFIT CORPORATION

Jan 20, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # G70942 01-20-2004 90039 049 ***150.00 L. L. C. Y. CORPORATION Principal Place of Business Mailing Address UZUUUUUG C/O MAO TIAN WU C/O MAO TIAN WU 18230 NW 2ND AVENUE 18230 NW 2ND AVENUE MIAMI, FL 33169-5011 MIAMI, FL 33169-5011 CR2E034 (10/03) 01122004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2348083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 6. Name and Address of Current Registered Agent TIAN, WU MAO DO NOT WRITE 18230 NW 2ND AVE STE. 1110 IN THIS SPACE MIAMI, FL 33169 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. sture, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TIAN, WU MAO NAME STREET ADDRESS 18230 N.W. 2ND AVE. CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ÑAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-7/P

NTED NAME OF SIGNING OFFICER OR DIRECTOR

305-653-1340

FILED