

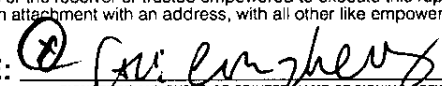


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90053 020 \*\*\*150.00

<b>DOCUMENT # K03844</b> 1. Entity Name <b>RIDDON (FLORIDA), INC.</b>					
Principal Place of Business <b>800 E HALLANDALE BEACH BLVD</b> <b>HALLANDALE, FL 33009 US</b>			Mailing Address <b>800 E HALLANDALE BEACH BLVD</b> <b>HALLANDALE, FL 33009 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0019208</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DALE, CHARLES S., JR.</b> <b>414 NE 4TH STREET</b> <b>FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name <b>Guo SHENG JIANG</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 E. HALLANDALE BEACH BLVD</b> City <b>HALLANDALE</b> FL Zip Code <b>33009</b>		
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  DATE <b>4/15/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TSE, SUK FUN</b> <b>1435 N.E. 181ST STREET</b> <b>NORTH MIAMI BEACH, FL 33162</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>GUO SHENG JIANG</b> <b>4850 SW 63 TERR, #131</b> <b>DAVIE, FL 33314</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TSE, CHOK YIN</b> <b>1435 N.E. 181ST STREET</b> <b>NORTH MIAMI BEACH, FL 33162</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>GUI L. ZHENG</b> <b>4850 SW 63 TERR, #131</b> <b>DAVIE, FL 33314</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AL</b> <b>TONG, CHEUK SUN</b> <b>1435 N.E. 181ST STREET</b> <b>NORTH MIAMI BEACH, FL 33162</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>F</b> <b>TONG, CHEUK MAN</b> <b>1435 N.E. 181ST STREET</b> <b>NORTH MIAMI BEACH, FL 33162</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemptions contained 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 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: 			Date <b>4/15/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		