2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED AND FILED

04 MAY 28 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000009080

1. Entity Name

QINGQI USA, LLC

Principal Place of Business	Mailing Address
8055 WEST 23RD AVENUE BAY-5 HIALEAH FL 33016 US	8055 WEST 23RD AVENUE BAY-5 HIALEAH FL 33016 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E083 (11/03)

4. FEI Number ☑ Applied F ☐ Not Appli

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HACHAR, ANTONIO
8055 WEST 23RD AVENUE
BAY-5
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ac the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANTONIO HACHAR 8055 West-23rd Ave. BAY-5 HIALEAH, FL. 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PIERRE J. HACHAR 8055 WEST - 23rd AVE. BAY-5 HIALEAH, FL. 33016 ☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700032879207 04/15/04--01043--008 **600.00 ☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informa indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of th limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______ 4/6/04 305-59485