## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # L0500000827  1. Entity Name D.C. USA, LLC					01-23-2006 9	00137 028 ****50	0.00	
Principal Plac	e of Business	Mailing Address			<b>-</b>			
5100 NW 165 STREET 5100 NW 165 STREET MIAMI, FL 33166 MIAMI, FL 33166					v	•		
:					I BBIBI BIIIN BBIII BBIIA BBIII	SAIR AANN ASIAN JANA JIJA NA		
2: Principal Place of Business 500 NW 165 Street 5100 NW 16			1/5000					
Suite, Apt.		Suite, Apt. #, etc.	165 Stv.	01192006	Chg-LLC	CB3E093 (11/06)		
City & State City & State				4. FEI Numb		CR2E083 (11/05)	pplied For	
Hiale	eah	Hialea		04-	380272	7 No	t Applicable	
Zip 33	014 Country	Zip 33014	Country	5. Certificate	of Status Desired	□ \$5.00 Add Fee Required		
Å.	6. Name and Address of Current R	egistered Agent	Name	7. Name and	Address of New Re	gistered Agent		
: - HAI HU, ZHONG								
5,100 NW 165 STREET MIAMI, FL 33166				Street Address (P.O. Box Number is Not Acceptable)				
7 (MINOWILL SO 100								
<u> </u>			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 accept the obligations of registered agent.								
SIGNATURE								
Filing Fee is \$50.00 Due by May 1, 2006		-			Make check payable to Florida Department of State			
Fi D	iling Fee is \$50.00 ue by May 1, 2006	-					Ð	
9.	ue by May 1, 2006  MANAGING MEMBER	S/MANAGERS	10.			Department of State	8	
D	MANAGING MEMBER	S/MANAGERS Delete	10. TITLE		Florida	Department of State	● Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR HAI HU, ZHONG 5100 NW 165 STREET		TITLE NAME STREET ADDRESS		Florida	Department of State		
9. ISTLE NAME	MANAGING MEMBER MGR HAI HU, ZHONG	☐ Delete	TITLE NAME		Florida	Department of State CHANGES  Change	☐ Addition	
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	MANAGING MEMBER MGR HAI HU, ZHONG 5100 NW 165 STREET		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR HAI HU, ZHONG 5100 NW 165 STREET	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of State CHANGES  Change	☐ Addition	
9.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE	MANAGING MEMBER MGR HAI HU, ZHONG 5100 NW 165 STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of State CHANGES  Change	☐ Addition	
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11. 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 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE: 2400 HAS HU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Date
Dayline Phone #