2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000106382 02-18-2008 90075 043 ***138.75 1. Entity Name CHAÍ & ZENG, LLC Mailing Address Principal Place of Business 15763 S.W. 99 TERRACE 15763 S.W. 99 TERRACE MIAMI, FL 33196 MIAMI, FL 33196 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 26-1279186 Not Applicable Zip Country \$5.00. Additional. Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUANG, ZHIHONG Street Address (P.O. Box Number is Not Acceptable) 15763 S.W. 99 TERRACE MIAMI, FL 33196 Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable right basi Make check payable to FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE ☐ Delete TITLE Change ☐ Addition HUANG, ZHIHONG NAME NAME 15763 S.W. 99 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP MGRM Change ☐ Addition ☐ Delete TITLE TITLE ZENG, QIANG NAME NAME 15840 S.W. 146 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Mona Managing Member, Manager, or Authorized Representative

FILED Feb 18, 2008 8:00 am