2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L11472

Entity Name: CLA ASSOCIATES, INC.

Current Principal Place of Business:

4865 NW 72ND AVE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

4865 NW 72ND AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0141429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEU, CARL
4801 NW 72ND AVE
BAY 1
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEU, CARL,
Address: 3966 ADRA AVE.
City-St-Zip: MIAMI, FL 33178

Title: VD ( ) Delete
Name: WA ZEI, LU,
Address: 3966 ADRA AVE.
City-St-Zip: MIAMI, FL 33178

Title: SD ( ) Delete
Name: WAN HAO, LU
Address: 3966 ADRA AVE.
City-St-Zip: MIAMI, FL

Title: DS (X) Delete
Name: LIMIN, LEU
Address: 3966 ADRA AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: LIMIN, LEU
Address: 11173 NW 70 ST
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL LEU P 03/19/2009

Electronic Signature of Signing Officer or Director — Date