

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90091 028 \*\*\*150.00

40014497



02082007 Chg-P CR2E034 (12/06)

|  |                     |  |  |  |                                   |
|--|---------------------|--|--|--|-----------------------------------|
| <b>DOCUMENT # M25041</b>   |                     |  |  |         |                                   |
| 1. Entity Name<br>ABTRON (USA) INC.  |                     |  |  |  |                                   |
| Principal Place of Business<br>2920 NW 79TH AVE<br>MIAMI, FL 33122   |                     |  | Mailing Address<br>2920 NW 79TH AVE<br>MIAMI, FL 33122 |  |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                     | 3. Mailing Address   |  |  |                                   |
| Suite, Apt. #, etc.  |                     | Suite, Apt. #, etc.  |  |  |                                   |
| City & State   |                     | City & State   |  |  |                                   |
| Zip  | Country             | Zip  | Country  | 4. FEI Number<br>59-2617455  |                                   |
|  |                     |  |  | Applied For<br>Not Applicable  |                                   |
|  |                     |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent  |                     |  | 7. Name and Address of New Registered Agent            |  |                                   |
| YING, YOU CHI<br>2920 NW 79 AVENUE<br>MIAMI, FL 33122  |                     |  | 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 accept the obligations of registered agent.  |                     |  |  |  |                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)  |                     |  |  |  |                                   |
| Signature, typed or printed name of registered agent and title if applicable (DATE)  |                     |  |  |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | 12   |                                   |
| 10. OFFICERS AND DIRECTORS   |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |                                   |
| TITLE  | PD                  | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | TSAI, RONG-TAI      |  | NAME   |  |                                   |
| STREET ADDRESS   | 167 FU HSING N RD   |  | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP  | TAIPEI, TAIWAN ROC. |  | CITY - ST - ZIP  |  |                                   |
| TITLE  | S                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | YING, YOU CHI       |  | NAME   |  |                                   |
| STREET ADDRESS   | 2920 NW 79TH AVE    |  | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP  | MIAMI, FL           |  | CITY - ST - ZIP  |  |                                   |
| TITLE  |                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                     |  | NAME   |  |                                   |
| STREET ADDRESS   |                     |  | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP  |                     |  | CITY - ST - ZIP  |  |                                   |
| TITLE  |                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                     |  | NAME   |  |                                   |
| STREET ADDRESS   |                     |  | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP  |                     |  | CITY - ST - ZIP  |  |                                   |
| TITLE  |                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                     |  | NAME   |  |                                   |
| STREET ADDRESS   |                     |  | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP  |                     |  | CITY - ST - ZIP  |  |                                   |
| TITLE  |                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                     |  | NAME   |  |                                   |
| STREET ADDRESS   |                     |  | STREET ADDRESS   |  |                                   |
| CITY - ST - ZIP  |                     |  | CITY - ST - ZIP  |  |                                   |
| 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:    |                     |  | 02/02/07   |  | (305) 407-0147                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                     |  | Date   |  | Daytime Phone #                   |