
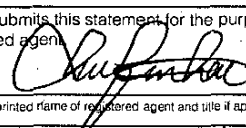
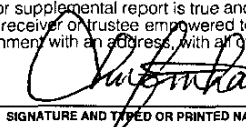


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90027 023 \*\*\*150.00

<b>DOCUMENT # P00000003670</b> 1. Entity Name <b>Z Z W PRECISION TOOLS (USA) LIMITED INC.</b>					
Principal Place of Business <b>7300 LOCH NESS DRIVE MIAMI, FL 33014</b>			Mailing Address <b>7300 LOCH NESS DRIVE MIAMI, FL 33014</b>		
2. Principal Place of Business <b>8531 NW 66 ST,</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State		4. FEI Number <b>65-0976840</b>	
Zip <b>33166</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHU, BIN HAI 18999 BISCAYNE BLVD. SUITE 205 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>CHU, BIN HAI</b> Street Address (P.O. Box Number is Not Acceptable) <b>7300 Loch Ness Drive,</b> City <b>Miamilakes</b> <b>FL</b> Zip Code <b>33014</b>	
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  <b>CHU, BIN HAI</b> DATE <b>01/17/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZHOU, ZHONGWEI 7300 LOCH NESS DRIVE MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHU, BIN HAI 7300 LOCH NESS DRIVE MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 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 an other like empowered.					
SIGNATURE:  <b>CHU, BIN HAI</b>			Date <b>01/17/05</b> Daytime Phone # <b>3055927777</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					