

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2005 90027 023 ***150.00

DOCUMENT # P00000003670
 1. Entity Name
 Z Z W PRECISION TOOLS (USA) LIMITED INC.



Principal Place of Business
 7300 LOCH NESS DRIVE
 MIAMI, FL 33014

Mailing Address
 7300 LOCH NESS DRIVE
 MIAMI, FL 33014

40003628



2. Principal Place of Business
 8531 NW 66 ST,
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State
 Miami, FL

City & State

Zip 33166 Country USA

Zip Country

4. FEI Number
 65-0976840

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHU, BIN HAI
 18999 BISCAYNE BLVD.
 SUITE 205
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent
 Name
 CHU, BIN HAI
 Street Address (P.O. Box Number Not Acceptable)
 7300 Loch Ness Drive,
 City
 Miami Lakes FL Zip Code
 33014

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 *Chu Bin Hai* CHU, BIN HAI 01/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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 all other like empowered.

SIGNATURE: *Chu Bin Hai* CHU, BIN HAI 01/17/05 3055927777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #