

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91303 012 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000046785



1. Entity Name
YONG DE SHENG, INC.

Principal Place of Business
**15104 SW 72 STREET
 MIAMI, FL 33193**

Mailing Address
**15104 SW 72 STREET
 MIAMI, FL 33193**

11024239



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1026206

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEN, SHENG
 15104 SW 72 STREET
 MIAMI, FL 33193**

Name
LIU, YU LIN
 Street Address (P.O. Box Number is Not Acceptable)
15104 SW 72 STREET
 City **MIAMI** FL Zip Code **33193**

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 *X Li Sheng*
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when existing)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 Make Check Payable to Florida Department of State

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 **D** CHEN, SHENG Delete
 STREET ADDRESS **15104 SW 72 STREET**
 CITY-ST-ZIP **MIAMI, FL 33193**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **PVPST** LIU, YU LIN Change Addition
 STREET ADDRESS **15104 SW 72 STREET**
 CITY-ST-ZIP **MIAMI, FL 33193**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
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TITLE NAME Change Addition
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TITLE NAME Change Addition
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TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *X Li Sheng*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case Daytime Phone #

CR2E034 (10/02)