2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State

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|--|--|--|---|--|----------------------|----------------|----------------------------------|------------------------------|--|
| DOCUMENT # P00000055278 1. Entity Name GONG'S CORP. | | | | | 02-07-200 | _ | | | |
| Principal Place of Business Mailing Address | | | | \$001: | יטנו | | | | |
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| MIAMI, FL 33184 MIAMI, FL 3 | | | | | | | | | |
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| Principal Place of Business - No P.O. Box # Mailing Address | | | | | | | | | |
| | | | | 7,111,111 | | | IB 11894 18884 181 | 11001 4 1401 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01162008 | Chg-P | CBOEO | 34 (12/06) | | |
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| City & State City & State | | | | 4. FEI Numbe | r | **** | Αp | plied For | |
| .,, | | | | | 3959 | | | t Applicable | |
| Zip | Country | Zip | Country | | | | | | |
| 2.6 | , , , , , , , , , , , , , , , , , , , | -,p | Country | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | litional | |
| | C. Name and Address of Courses | Decision and Asset | | 7. No | A data | | | u | |
| | 6. Name and Address of Current | r Registered Agent | Name | 7. Name and | Address of New | Registered A | gent | | |
| 00110 11 | A O DINIO | | Manie | | | | | | |
| GONG, XIAO BING | | | Stroot Addro | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | 8 STREET | | Street Addre | 33 (1 .O. DOX 11011De | is not Acceptab | ne) | | | |
| MIAMI, FL | 33184 | | | **** | · · · · | | | | |
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| • | Ć. | | City | 7 | | FL | Zip Code | e | |
| | 1961 | | | | | | | | |
| 8. The above | named entity submits this statement f | or the purpose of changing its | registered office or regi | istered agent, or both | n, in the State of F | lorida. I am f | amiliar with, | and accept | |
| the obligat | tions of registered agent. | | | | | | | | |
| | • | | | | | | | | |
| SIGNATURE | | | | nuired when reinstation) | | DATE | | | |
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| | E NOW!!! FEE IS \$150.00 | 9. Election Campai | | \$5.00 May Be | | | | | |
| | É NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. | | | | | | | | |
| | | .00 Trust Fund Contr | | \$5.00 May Be Added to Fees | CHANGES TO OF | | DIRECTORS | S IN 11 | |
| After Ma | ay 1, 2008 Fee will be \$550 | .00 Trust Fund Contr | ribution. | \$5.00 May Be Added to Fees | CHANGES TO OF | | | | |
| After Ma | ay 1, 2008 Fee will be \$550. OFFICERS AND PSD | .00 Trust Fund Contr | ibution | \$5.00 May Be Added to Fees | CHANGES TO OF | | DIRECTORS Change | S IN 11 | |
| After Ma | OFFICERS AND GONG, XIAOBING | .00 Trust Fund Contr | ibution. 11. IIILE NAME | \$5.00 May Be Added to Fees | CHANGES TO OF | | | | |
| 10. TITLE - NAME STREET ADDRESS | OFFICERS AND | .00 Trust Fund Contr | 11. IITLE NAME STREET ADDRESS | \$5.00 May Be Added to Fees | CHANGES TO OF | | | | |
| After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND GONG, XIAOBING | Trust Fund Contr D DIRECTORS | 11. IITLE NAME STREET ADDRESS CIIY-ST-ZIP | \$5.00 May Be Added to Fees | CHANGES TO OF | | Change | ☐ Addition | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR