

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059658

Entity Name: BNB OF AMERICA, INC.

FILED  
Feb 07, 2005  
Secretary of State

## Current Principal Place of Business:

4900 W. RIO VISTA AVENUE  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 172356  
TAMPA, FL 336720356

## New Mailing Address:

FEI Number: 93-1294862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILSON, DONALD H JR.  
245 SOUTH CENTRAL AVENUE  
BARTOW, FL 33830 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: SONG, ZHI PING  
Address: POST OFFICE BOX 172356  
City-St-Zip: TAMPA, FL 33672

Title: D ( ) Delete  
Name: CAO, JIANG LIN  
Address: POST OFFICE BOX 172356  
City-St-Zip: TAMPA, FL 33672

Title: S ( ) Delete  
Name: LI, JINAG  
Address: POST OFFICE BOX 173356  
City-St-Zip: TAMPA, FL 33672

Title: VT ( ) Delete  
Name: WEI, CHUN SHAN  
Address: POST OFFICE BOX 172356  
City-St-Zip: TAMPA, FL 336720356

Title: PD ( ) Delete  
Name: XIAN FENG, YU  
Address: POST OFFICE BOX 172356  
City-St-Zip: TAMPA, FL 33672

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUNSHAN WEI

VT

02/07/2005

Electronic Signature of Signing Officer or Director

Date