


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 16 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115233		
1. Entity Name DOLLAR MART USA #2, INC.		

Principal Place of Business 8211 WEST BROWARD BLVD #410 PLANTATION, FL 33324	Mailing Address 8211 WEST BROWARD BLVD #410 PLANTATION, FL 33324
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2. Principal Place of Business 5847-53 N University Dr Suite, Apt. #, etc.	3. Mailing Address 5847-53 N University Dr Suite, Apt. #, etc.
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City & State Tamarac, FL	City & State Tamarac, FL
Zip 33321	Country USA



04/28/03 91304 033 \$150.00  
03092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1063488		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GUTTA, FRANK A 8211 WEST BROWARD BLVD 350 PLANTATION, FL 33324		
7. Name and Address of New Registered Agent Name: WU, ZEYUAN Street Address (P.O. Box Number is Not Acceptable): 5847-53 N University Dr City: Tamarac FL Zip Code: 33321		

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: Zeyuan Wu ZEYUAN WU Mar 10, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTTA, FRANK A 8211 W BROWARD BLVD SUITE 350 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WU, ZEYUAN 5847-53 N University Dr Tamarac, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Huang, Fang V.T 5847-53 N University Dr Tamarac, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Zeyuan Wu ZEYUAN WU, Pres 03/10/04 954 726 3031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #