FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State DOCUMENT # P01000002541 1. Entity Name 05-15-2002 90081 027 ***150.00 WANG CHENG INC Principal Place of Business Mailing Address 7430 W. COMMERCIAL BLVD LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address 7430 W. COMMERCIAL BLVD 7430 W. COMMERCIAL BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LAUDERHILL FI LAUDERHILL FL 65-1066455 Not Applicable Country Country \$8.75_Additional_ 5-Certificate of Status-Dosired-BROWARD BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEI CHENG LI Street Address (P.O. Box Number is Not Acceptable) 7430 W. COMMERCIAL BLVD 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. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent ingradure required when reinstating) FILE NOW!!! FEE IS \$1:0.00 After May 1, 2002 Fee wi!! be \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Added to Fee: Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ■ Addition TITLE Delete TITLE NAME NAME LI, WEI CHENG STREET ADDRESS STREET ADMILESS 3266 NW 123TH AVE CITY-ST-ZIP CITY-ST-ZIP-SUNRISE FL 33323 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP Addition ☐ Change TITLE Hat ☐ Delete NAME NA.ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ■ Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

954-748-1155

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: