

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90539 017 \*\*\*150.00

<b>DOCUMENT # P01000004384</b> 1. Entity Name <b>PURE ARTS PRODUCTIONS USA, INCORPORATED</b>					
Principal Place of Business <b>800 CELEBRATION AVENUE # 115 CELEBRATION, FL 34747</b>			Mailing Address <b>12701 S JOHN YOUNG PKWY #200 ORLANDO, FL 32837</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>14032 Eden Isle Blvd.</b> Suite, Apt. #, etc.			
City & State  		City & State <b>WINDERMERE FL</b>		4. FEI Number <b>59-3689136</b>	
Zip <b>34786</b>		Country <b>orange.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUCKER, AUBREY H JR. 2020 MIZELL AVENUE WINTER PARK, FL 32792</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZHU, PAULINA L 11084 LODGEMENT LANE WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEE, GUO Q 11084 LODGEMENT LANE WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FU, YUAN 14032 EDEN ISLE BLVD WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BIN, LIU 14032 EDEN ISLE BLVD WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date		Daytime Phone #



04282005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3689136** Applied For ☐ Not Applicable ☐

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  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>ZHU, PAULINA L</b>	
STREET ADDRESS	<b>11084 LODGEMENT LANE</b>	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>LEE, GUO Q</b>	
STREET ADDRESS	<b>11084 LODGEMENT LANE</b>	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>FU, YUAN</b>	
STREET ADDRESS	<b>14032 EDEN ISLE BLVD</b>	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BIN, LIU</b>	
STREET ADDRESS	<b>14032 EDEN ISLE BLVD</b>	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #