FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State

DOCU 1. Entity Nan	IMENT # Poloo wa Shia Ch;	0016351 Nese Ros	Stamant-	O4-17-2002 90164 013 ***150.00	
DO NOT WRITE IN THIS SPACE				831538	
2. Principal F	Place of Business US (Harra 2.7.5)	3. Mailing Address			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	nder FL	City & State		4. FEI Number S9-3696673 Applied For Not Applied	
338	3 Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	able
سندن میاندن م				7. Name and Address of Current Registered Agent	
	PA 51A== 1==	ing 4 man has:	· Name R	achel Siu	
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE			
			S/00	old Howell Branche	1
			<u> </u>	Ite Park FL Zip Code	ا _ ا
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature required	when reinstating) Alexander Solution (Section 2) S	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1 Amended	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing \$5.00 May Br Trust Fund Contribution. Added to Fees	e
11.	OFFICEDO AND D			·	
	OFFICERS AND D	IRECTORS			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE + SHANG YAN LIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02

Daytime Phone #