2007 FOR PROFIT CORPORATION

Jan 11, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000034827 01-11-2007 90055 015 ***150.00 DOUBLE L ENTERPRISES, INC. Principal Place of Business Mailing Address 4000101× 1656 NE MIAMI GARDENS DRIVE 1656 NE MIAMI GARDENS DRIVE MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3707778 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIN, YI 1656 NE MIAMI GARDENS DRIVE Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH, FL 33179 City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPTS TITLE ☐ Delete TITLE Change ☐ Addition NAME LIN. YI NAME STREET ADDRESS 1656 NE MIAMI GARDENS DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP TIT! F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

CITY-ST-ZIP

NAME

STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED