## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90029 019 \*\*\*158.75 **DOCUMENT # P01000121289** 1. Entity Name LIN CHINA CORP. 44003975 Principal Place of Business Mailing Address 3399 US HWY 441 SOUTH 150 GEORGE ST BROOKLYN, NY 11237 OKEECHOBEE, FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01032004 Cha-P Applied For City & State City & State 4. FEI Number 80-0004426 Not Applicabl Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIN, XINCHANG Street Address (P.O. Box Number is Not Acceptable) 3399 US HWY 441 SOUTH OKEECHOBEE, FL 34974 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CHAI ☐ Additio TITLE ☐ Change TITLE Delete XIN CHENG, LIN NAME .4VAME 3399 S HIGHWAY, 441 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP FITLE ☐ Change ☐ Additio Delete TITLE VAME SONG LIN. XIN NAME STREET ADDRESS 3399 S HIGHWAY, 441 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Additio VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio **FITLE** ☐ Delete TITLE VAME NAME STREET ADDRESS STREET ADDRESS ī CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Additio IIII F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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

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