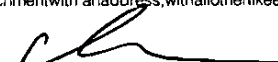


FILED
Apr 14, 2008 8:00 am
Secretary of State

40067986

DOCUMENT# P02000001248				04-14-2008 90048 039 ***150.00	
1. EntityName FUJIAUTOSERVICES,INCORPORATED					
PrincipalPlaceofBusiness 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839		MailingAddress 4340 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839		40067986	
2. PrincipalPlaceofBusiness - No P.O.Box#		3. MailingAddress			
Suite,Apt.#,etc.		Suite,Apt.#,etc.		04112008 Chg-P CR2E034(12/06)	
City&State		City&State		4. FEINumber 80-0004989	
Zip		Country		AppliedFor NotApplicable	
Zip		Country		5. CertificateofStatusDesired ☐ \$8.75 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent			7. NameandAddressofNewRegisteredAgent		
SUN,CHUNPO 4340SOUTHORANGEBLOSSOMTRAIL ORLANDO,FL32839			Name		
			StreetAddress (P.O.BoxNumberisNotAcceptable)		
			City FL ZipCode		
8. Theabovenamedentitysubmits thisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth, intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.					
SIGNATURE _____ (NOTE:RegisteredAgent'ssignatureisrequiredwhenreinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees			
10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	PD SUN,CHUNPO 4340SOUTHORANGEBLOSSOMTRAIL ORLANDO,FL32839 ☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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.					
SIGNATURE: 		4-12-08 409-835-1060			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone#			