2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 08:00 AM Secretary of State

(954)946-8011 Daylime Phone #

1. Entity Nam	MENT # P02000003627 ing jie, inc.	1.8			Secreta	ry of State
Principal Place of Business Mailing Address 2702 W ATLANTIC BLVD 2702 W ATLANTIC BLVD POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069				02042005 No Chg-P CR2E034 (10/03) 4. FEI Number		
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent CHEN, MING XIN 2702 W ATLANTIC BLVD POMPANO BEACH, FL 33069			DO NOT WRITE IN THIS SPACE			
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 fille if applicable (NOTE Registered Agent signature required when rehissating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECTORS PSTD CHEN, MING XIN 2702 W ATLANTIC BLVD POMPANO BEACH, FL 33069		·	ſ	U0000024827 13/02/05-80024	3
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				* . <u>.</u> *	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.	;		IIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						
name Street address City-St-Zip	certify that the information supplied with this filing does no	ot qualify for the exer	nption stated in Se	ction 119,07(3)/fi. Flo	rida Statutes, I further cert	ify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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. MING. YIN CHE						

PRESI DENT