2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 08:00 AN Secretary of State

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1. Entity Nam	MENT # P020000036 ing jie, inc.	527			Secretary of Stat
Principal Place of Business Mailing Address 2702 W ATLANTIC BLVD 2702 W ATLANTIC BLVD POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069					
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01032007 4. FEI Number 80-0023	\$0.7E
		gistered Agent	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 the lit approache (NOTE, Registered Agent alignature required when reinstating) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	RECTORS .	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-2'P	PSTD CHEN, MING XIN 2702 W ATLANTIC BLVD POMPANO BEACH, FL 33069				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i	U00000593650 01/22/07-80038-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: YEAR TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DEPO Daylor Phone &					