2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2003 8:00 am Secretary of State P02000006090 DOCUMENT # 04-30-2003 90071 003 ***150.00 1. Entity Name DRAGON VILLAGE EXPRESS, INC. Principal Place of Business Mailing Address 5567 W OAKLAND PARK BLVD 5567 W OAKLAND PARK BLVD LAUDERHILL FL 33313 LAUDERHILL FL 33313 3. Mailing Address 2. Principal Place of Business 5567 W. Oakland Pk Blud 5195NW 74Pl Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Lauderhill FL Coconut Creek 04-3590900 Not Applicable Country \$8.75 Additional 33073 5. Certificate of Status Desired 33313 Broward Broward Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name YANG, HSU RU Street Address (P.O. Box Number is Not Acceptable) 5567 W OAKLAND PARK BLVD LAUDERHILL FL 33313 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Addition Change NAME YANG, HSU RU NAME STREET ADDRESS 5567 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE Change NAME NAME YANG, YI HSUN STREET ADDRESS 5567 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 TITLE Change ☐ Addition Delete ___ TITLE. 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-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 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 if changed, or on an attachment with an address, with all other like empowered.