2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000012811

FILED
Apr 30, 2007 08:00 AM
Secretary of State

1. Entity Name JFZ GROUP, INC.								
Principal Plac 7806 NW 46 UNIT 14 MIAMI, FL 3	Т2 нт.	Mailing Address 7806 NW 46TH ST UNIT 14 MIAMI, FL 33166						
			•	02212007	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS S			PACE	4. FEI Numbe	4. FEI Number 04-3598382		Applied For Not Applicable	
			,	5. Certificate	of Status Desired	\$8.75 Ad	ditional ed	
	6. Name and Address of Current Reg	stered Agent			. ,		· · · · · · · · · · · · · · · · · · ·	
FAN, YU 988 NW 15TH AVE HOLLYWOOD, FL 33028			,	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	purpose of changing its regis	stered office or regi	istered agent, or bot	h, in the State of Flor	ida. I am familiar with	, and accept	
	Signature, typed or printed name of registered agent and till	e il applicable (NOTE: Regi	stered Agent signature rec	quired when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS		· .				
IIILE	D FAN, YU		,	**		•		
NAME STREET ADDRESS	988 N.W. 156 AVENUE	•				,		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		1					
Title	D				→ <u>U00</u>	0000740463		
NAME	ZHOU, JIAN HUA		1	. :	U5/14/	07-80068-0	07 150.	
STREET ADURESS	988 N.W. 156 AVENUE		I					

DO NOT WRITE IN THIS SPACE

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 3 other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY ST-ZIP

STREET AODRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY: ST-ZIP TITLE PEMBROKE PINES, FL 33028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/0)

Daytime Phone #