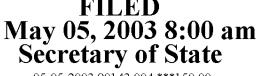
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000024590 **DOCUMENT #** 1. Entity Name



FILED									
May 05, 2003 8:00 am									
Secretary of State									
05-05-2003 901//3 00// ***150 00									

XING SH	ENG, INC	CORPORATED				00 00 2002					
Principal Plac 1150 MALABA #119 PALM BAY FI	AR ROAD NO		Mailing Ad PO BOX 5 ORLANDO	33100				11 (1) 53 (1) 15 (1) 1		1 5 18/ 55 // 4 66 /	
2. Principal F	lace of Busin	ness	3. Mailing /	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & St	City & State			4. FEI Number				}
Zip		Country	Zip		Country		ertificate of Status Desired	_ 5	8.75 Add ee Require	titional d	
6. Name and Address of Current Registered Agent						7. Na	me and Address of New	Registered A	gent		J
LIANG, BRIAN				Name]	
1226 E. COLONIAL DRIVE					Street Addres	s (P.O. Bo)	x Number is Not Acceptat	ole) 			
SUITE B											
ORLANDO) FL 32803				City			FL	Zip Code	e	1
	named entit		ent for the purpose of	of changing its reg	istered office or regist	tered ager	nt, or both, in the State of F	Florida. I am fa	miliar with,	and accept]
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applicable	. (NOTE: Re	gistered Agent signature requi	ired when reins	stating)	DATE	-		
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550 Florida Departme	.00				Election Campaign f Trust Fund Contribut			0 May Be I to Fees	
10.		-, ·	AND DIRECTORS	····	11.		ITIONS/CHANGES TO OF	EICEDS AND I	DIRECTOR	2 IN 11	-
TITLE NAME	PD HUANG, \	VEN SING		Delete	TITLE NAME	ADO	MIONS/OFIANGES TO OF		Change	Addition	10/02)
STREET ADDRESS CITY-ST-ZIP		abar road nort / FL 32907	Ή, #119		STREET ADDRESS CITY-ST-ZIP						CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LI, JIN LIA 1150 MAL PALM BAY	.ng Abar Road Nort 7 Fl 32907		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	* 4		, was the same of	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP				☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 719			-	☐ Change	Addition	

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.

SIGNATURE: