2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2003 8:00 am Secretary of State 05-02-2003 90126 008 ***150.00

Zip Country Zip Country \$. Co	P02000061639				
STUART FL 34994 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE F. MAKING CHANGES Suite, Apt. #, etc. CHECK HERE F. MAKING CHANGES City & State City & State City & State A. FEI Number O2 - 06/32 Applied Not App. Zip Country Zip Country S. Certificate of Status Desired S8.75 Additions Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEN, XUE LEI 890 S FEDERAL HWY STUART FL 34994 City FL 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 Florica. I am familiar with, and a the obligations of registered agent. SIGNATURE Signatur, hyped or private name of inspituted agent are total 4 spicicios. (NOTE: Registered Agent agrees received when remaining) DATE FILE NOW!!! FEE IS \$150.00 Note Address of Policida Department of State Q. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 14. ADD		55046205)5	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Country Country S. Certificate of Status Desired Set Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEN, XUE LE 890 S FEDERAL HWY STUART FL 34994 City FL 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 at the obligations of registered agent. SIGNATURE SQUARE, hysic or private name of registered agent are to at applicable. INCIE Registered Agent agen	CONTRACTOR OF THE PROPERTY OF			(4. 51.11 1809	
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Shen, XUE LEI 890 S FEDERAL HWY STUART FL 34994 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SiGNATURE Signature, hyped or prised name of registered agent and tise if applicable. NOTE: Registered Agent signature required when rehaltating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SHEN, XUE LEI SH	City & State 4. FEI Number 02-06	4. FEI Number 02-06/3211 Applied For Not Applicable			
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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 at the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and tide if applicable. [NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME STREET ADDRESS					
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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: SKARDOUS AFFINITED NAME OF SIGNING OFFICER OR DIRECTOR

111-2886262