2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMERDED ARROAL REPORT										
1. Entity Nam	ne	# P02000120 DNAL CORPORAT				SEC	12 PM 12: 2	·r-		
Principal Place of Business Mailing Address						TALLAH!	SUES, FLORIC	Ď.A		
261 NW 16 STREET 261 NW 16 STREET							original Country	JA		
		SUEU	POMPANO BEACH, FL 33060							
POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33										
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2. Principal P	lace of Busin	222	3. Mailing Address							
4099	N 28th	Wav		9 N 28th Way			: 	DI NGOLE HADA ABSAN NGOLE HARAN M	0 01 E1	
Suite, Apt.		···ay	Suite, Apt. #, etc.			-9				
Caro, repr.	, oto.		Suite, Apt. #, etc.			/ 08292005	Chg-P	CR2E034 (10/03)		
City & State City & State						4. FEI Numb	or .	ΙΔ.	oplied For	
Holly	wood, 1	Fl	Hollywood, Fl			20-022		200/7 H-	ot Applicable	
			_ Zip Country			20-022	.0047 20 02	4 -		
- 33020	Zip Country USA		33020 USA			5. Certificate of Status Desired See Required				
6. Name and Address of Current R) 	7. Name and Address of New Registered Agent				
	O. Haine	and Address of Correin	7. Name and	Address of New A	egistered Agent					
BRUTTELL, JANET Name JONG, C										
261 NW 16 STREET					Street Address (P.O. Box Number is Not Acceptable)					
POMPANO					4099	<u>N 28th Wa</u>	У			
1 01111 71110	J DEJ 1011,	12 00000					•			
					0.1					
					CityHolly	ywood		FL ^z ig 38	2 0	
8. The above	named entity	submits this statement for	r the purpose of changing i	ts register	ed office or reg	stered agent, or bo	th, in the State of Flo	rida. I am familiar with.	and accept	
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 X Leven Sen Song Jiuan Jen JONG 8/31/2005										
SIGNATURE_	Signature, typed	or printed name of registered agent	and afficiant legislation applicable. (NO)TF Registere	d Agent signature rec	quired when reinstating)	. , ,	DATE		
	0.8.10.01.17.00	or printed the control of the contro	<i></i>		a right digitation (c	quito union constantly)		DATE		
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS.	L CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	PD X Delete							☐ Change	☐ Addition	
NAME	LUO, BAN	IGXIANG	22 001010	NAM				Change		
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD, FL 33020				-ST-ZiP	400059739754 				
TITLE	TD		☐ Delete	TITLE		may r	avnanina ;	 	Addition	
NAME	ZHANG, H	I UI	D Delete	NAM				Onlings		
STREET ADDRESS	•				ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
	<u> </u>					<u> </u>				
TITLE	DMGR Delete TITLE						τ.	Change	☐ Addition	
NAME	JONG, JIUAN-JEN S 5242 INDIANWOOD VILLAGE LANE					ONG, Jiuan	Jen	T		
STREET ADDRESS CITY-ST-ZIP		RTH, FL 33463	AINE.				wood Villa	ge Lane		
GIT-SI-ZIF	LAKE WO	KIR, FL 33403				ake Worth,	_FL_33463_	***		
TITLE			☐ Delete	TITLE	ı			Change	☐ Addition	
NAME				NAM	ı					
STREET ADORESS					ET ADDRESS					
CITY-ST-ZIP				CITY	- ST- ZIP					
THILE			☐ Delete	TITLE	:			☐ Change	☐ Addition	
NAME				NAM	E					
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE	:			☐ Change	Addition	
NAME				NAM	E			—- -		
<u>.</u>					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
	Cortific that the	information avanting with	this filing does not qualify			n Section 110 07(0)	(i) Florida Statuta - 1	further earlies that the - 1	oformation	
12. Thereby 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: 1 Journ Jen Jong Jiuan Jen JONG, President 8/31/2005954-922-1008										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #										