2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # P02000121335** 1. Entity Name 03-22-2004 90073 048 ***150 00 JILE ENTERPRISE, INC. Principal Place of Business Mailing Address 13084 NW 13 STREET PEMBROKE PINES FL 33028 13084 NW 13 STREET PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 02-0653432 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAO, JINGLU Street Address (P.O. Box Number is Not Acceptable) 13084 NW 13 STREET PEMBROKE PINES FL 33028 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change Addition CAO, JINGLU NAME NAME 13084 NW 13 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-7IP Change TITLE Delete TITLE ☐ Addition YU. LEI NAME NAME STREET ADDRESS 13084 NW 13 STREET STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED