2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000121335

1. Entity Name

CAO, JINGLU

JILE ENTERPRISE, INC.



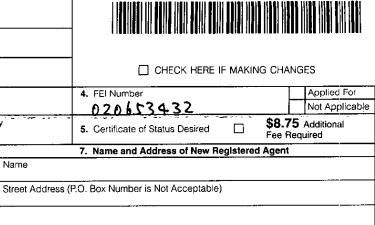
Principal Place of Business 13084 NW 13 STREET PEMBROKE PINES FL 33028 Mailing Address 13084 NW 13 STREET PEMBROKE PINES FL 33028

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country	Country

6. Name and Address of Current Registered Agent

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90234 015 ***150.00



13084 NW 13 STREET PEMBROKE PINES FL 33028			5	Citoti Addition (1.0. Box National Invitation Supplies of				
	·		City		F	Zip Co	ode	
	named entity submits this statement for the purpositions of registered agent.	ose of changing its req	gistered office or regis	stered agent, or	both, in the State of Florida. 1 ar	m familiar wit	h, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and title if appl	icable. (NOTE: Re	egistered Agent signature requ	ired when reinstating)	DATE			
4 Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	□ \$5.	.00 May Be led to Fees	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITION	NS/CHANGES TO OFFICERS A	ND DIRECTO	PRS IN 11	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	DP CAO, JINGLU 13084 NW 13 STREET PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP*	D YU, LEI 13084 NW 13 STREET PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS "CITY-ST-ZIP-"		τ, γ ρο <u>ιπο</u> ς οποπο = π. π.γ.−.	☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 emsowered 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

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03 7

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CR2E034 (10/02)