

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90096 015 ***150.00

DOCUMENT # P02000123960

1. Entity Name
XING XIA, INC.



Principal Place of Business
**9308 S. U S I
PORT ST. LUCIE FL 34952**

Mailing Address
**9308 S. U S I
PORT ST. LUCIE FL 34952**



2. Principal Place of Business
**2301 W SAMPLE ROAD,
Suite, Apt. #, etc.
1-3A**

3. Mailing Address
Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State

Zip Country
33073 U S A

Zip Country

4. FEI Number
51-0436329

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEN, KONG DENG
9308 S. U S I
PORT ST. LUCIE FL 34952**

Name
Street Address (P.O. Box Number is Not Acceptable)
2301 W SAMPLE ROAD, STE 1-3A
City
POMPANO BEACH FL Zip Code
33073

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P. LIN, DA JIANG
STREET ADDRESS
9308 S. U S I
CITY-ST-ZIP
PORT ST. LUCIE FL 34952

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
V LIN, XING XIA
STREET ADDRESS
9308 S. U S I
CITY-ST-ZIP
PORT ST. LUCIE FL 34952

TITLE NAME ☐ Change ☒ Addition
KONG DENG CHEN
STREET ADDRESS
2301 W SAMPLE ROAD, # 1-3A
CITY-ST-ZIP
POMPANO BEACH, FL 33073

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE: **KONG DENG CHEN**

KONG DENG CHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KONG DENG CHEN

1/14/03 (954) 975-8828
Date Daytime Phone #

CR2E034 (10/02)