

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90032 001 ***150.00

DOCUMENT # P03000032747 1. Entity Name CHINA IMPORT (USA) CORP.					
Principal Place of Business XXXXXXXXXXXXXX 5313 MCKINLEY STREET HOLLYWOOD, FL 33021				Mailing Address XXXXXXXXXXXXXX 5313 MCKINLEY STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business c/o Noa's Jewelry Suite, Apt. #, etc. 8221 W. Glades Road City & State Boca Raton, FL Zip 33434		3. Mailing Address c/o CompuKeeper Suite, Apt. #, etc. 1446 NW 2nd Ave. #105 City & State Boca Raton, FL Zip 33432			
Country USA		Country USA		4. FEI Number 03292004 Chg-P CR2E034 (10/03) 76-0727810	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent XXXXXXXXXXXXXX 5313 MCKINLEY STREET HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Itzik Hubeal Street Address (P.O. Box Number is Not Acceptable) c/o Noa's Jewelry 8221 W. Glades Road City Boca Raton FL Zip Code 33434		
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 3/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Itzik Hubeal c/o Noa's Jewelry 8221 W. Glades Rd. Boca Raton, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Shmuel Hen c/o Noa's Jewelry 8221 W. Glades Rd. Boca Raton, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Djan Lora c/o Noa's Jewelry 8221 W. Glades Rd. Boca Raton, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Djan Natalie c/o Noa's Jewelry 8221 W. Glades Rd. Boca Raton, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X I. Hubeal <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/29/2004 561-488-9515 <small>Date Daytime Phone #</small>		