## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 31, 2008 8:00 am Secretary of State DOCUMENT # P03000049329 1. Entity Name 03-31-2008 90041 026 \*\*\*150.00 TRADING GIANT INTERNATIONAL, INC. Principal Place of Business Mailing Address 11400 NW 34TH STREET DORAL FL 33178 C/O MING C. WANG CPA 6950 CYPRESS RD., STE 208-15 PLANTATION FL 33317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0015270 Not Applicable 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 /ANG NING DUBOW, JASON B ESQ. Street Address (P.O. Box Number is Not Acceptable) 215 NORTH FEDERAL HIGHWAY CYPRESS DANIA BEACH FL 33004 ANTATION 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. ING & WANG SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE n Delete ппе ☐ Change ☐ Addition LO. SEE S NAME NAME STREET ADDRESS 330 SAN ANDREAS COURT STREET ADDRESS CITY-ST-ZIP MILPITAS CA 95035 CITY-ST-ZIP TITS F ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE ☐ Delete Change TETI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-S1-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED