2004 FOR PROFIT CORPORATION

FILED May 25, 2004 8:00 am Secretary of State

| 1. Entity Name HITONG MOTORS CORP. | | | | | | 04-30-20 | 04 9024€ | 5 037 ** | *150.00 | |
|---|--|---|---------------|---|--|--|---|--|---|--|
| Principal Place of Business 9108 NW 105TH WAY MIAMI, FL 33178 | | Mailing Address 9108 NW 105TH WAY MRAMI, FL 33178 | | | | 2404 | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | · | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03302004 | Chg-P | CR2E034 | l (10/03) | | | |
| City & State | | City & State | | ···· | 4 FEI Numb | 7290 | v | | plied For | |
| Zip | Country | Zip | Cour | try | 5. Certificate of Status Desired | | | \$8.75 Additional | | |
| | 8. Name and Address of Current | Registered Agent | '- | | 7; Name and | Address of New Re | | <u>-</u> | - | |
| | | | | Name | | | | | <u>-</u> - | |
| WANG, HONG 9108 NW 105TH WAY MIAMI, FL 33178 | | | ·*. 2 | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | .i | | | | | | | | · | |
| | <u> </u> | • . | | City | | | FL | Zip Cod | | |
| 6. The above the obligat | named entity submits this statement folions of registered agent. | r the purpose of changing it | a register | ed office or registe | ered agent, or bo | oth, in the State of Flori | ida. Iam fai | niliar with, | and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent. | and little ill annihment is eith bee | TF: Benieter | ed Agent signature requir | | | DATE | | | |
| After M 10. TITLE NAME STREET ADDRESS | PSTD WANG, HONG 10320 KINGSBRIDGE ROAD | | 11. | | 5.00 May Be ided to Fees ADDITIONS | /CHANGES TO OFFIC | | HECTORS Charge | S IN 11 | |
| CITY-ST-ZIP | ELLICOTT CITY, MD 21042 | * | CITY | -ST-ZIP | · | | <u>.</u> | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | Deleta | | l. | | • | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 1 | - | | | Change | Addition | |
| TITLE MANE STREET ADDRESS CITY-ST-ZP | | ☐ Delete | | 1 | , | — — — — — — — — — — — — — — — — — — — | (| Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delets | | - 1 | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | I | J###** | | | Change | ☐ Addition | |
| UI 11 18 5501 | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address, | WALES IS EXACOSE ILES (600) | L as recur | emption stated in S ture shall have the red by Chapter 60 | Section 119.07(3) s same legal effe 07, Florida Statut | (I), Florida Statutes, I i ct as if made under oa es; and that my name | urther certify th; that I am appears in I | that the in an officer slock 10 or | formation or director Block 11 if | |