## 2008 FOR PROFIT CORPORATION

## FILED May 05, 2008 8:00 am Secretary of State 05-05-2008 90264 031 \*\*\*150.00

ANNUAL REPORT	
DOCUMENT # P03000067706	Ι
Entity Name	П

Principal Place of Business   No. P.O. Box #   13. Mailing Address   16. O 7   N.W.   Ave.   13. 90 N.W   15. N.W.   N.	1. Entity Name	MENT # P03000067 MOTORS CORP.	706		40097770	1000 7020 1 051	30.00	
Suite, April #, etc.    Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Suite, Address of New Registered Agent   Suite, April #, etc.   Suite, Address of New Registered Agent #, etc.   Suite, Address of New Registered Agent #, etc.   Suite, Address (P.O. Box Number is Not Acceptable)	9108 NW 105	5TH WAY	9108 NW 105TH WAY		40037770			
Signature   Signature repeated agent   Signatu	1650	7 NW 8 AVE	13890NW	6 СТ	-			
Second Processes   Second Processes   Second Processes   Second Status Desired   Second Sec	City & State	MIAMI	City & State MIAN	41		<b>⊢</b>	Applied For Not Applicable	
WANG, HONG 9108 NW 105TH WAY MIAMI, FL 33178  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature, hypeo or purpor name of registered agent are title purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.    Signature, hypeo or purpor name of registered agent are title purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.    Signature, hypeo or purpor name of registered agent are title purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.    Signature, hypeo or purpor name of registered agent are title purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.    Signature, hypeo or purpor name of registered agent.   DATE	Zip 33.	Country	Zip 33168 C	ountry	5. Certificate of Status Des			
WANG, HONG 9108 NW 105TH WAY MIAMI, FL 33178  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Title NOW!!! FEE IS \$150.00			Registered Agent		7. Name and Address of I	New Registered Agent		
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 the obligations of registered agent.  SIGNATURE  Signature. Typed or printed name of registered agent and tible if applicable. (INDTE Registered Agent separative required when reintationg)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE  PSTD  WANG, HONG  STREET ADORESS  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  Delete  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CI	9108 NW 105TH WAY			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE Signature. Nytero or printed name of registered agent and tide if applicables. (NOTE: Registered Agent signature required when reinstationg)  After May 1, 2008 Fee will be \$550.00  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 TITLE   PSTD   Delete   TITLE   MAME STREET ADDRESS   10320 KINGSBRIDGE ROAD   STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   Delete   TITLE   MAME STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   MAME STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   MAME STREET ADDRESS   CITY-ST-2P   TITLE   MAME STREET ADDRESS   CITY-ST-2P   TITLE   Delete   TITLE   MAME STREET ADDRESS   CITY-ST-2P   TITLE   MAME STREET ADDRESS   CIT						FL Zip C	ode 168	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS STREET ADD			the purpose of changing its regis		· .	-		
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME WANG, HONG 10320 KINGSBRIDGE ROAD EILLICOTT CITY, MD 21042  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET A	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	istered Agent signature require	nd when reinstating)	DATE	<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			T . C . (A)		5.00 May Be ded to Fees			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTO	DRS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	WANG, HONG 10320 KINGSBRIDGE ROAD	☐ Delete	NAME STREET ADDRESS		☐ Chang	e 🗌 Addition	
NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Chang	e 🗀 Addition	
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CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Chang	ge 🔲 Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				

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.

301-710-8896