


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90264 031 ***150.00

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| DOCUMENT # P03000067706 |  |
| 1. Entity Name HITONG MOTORS CORP. | |

40097770



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| Principal Place of Business 9108 NW 105TH WAY MIAMI, FL 33178 | Mailing Address 9108 NW 105TH WAY MIAMI, FL 33178 |
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|--|-------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 16507 NW 8 AVE | 3. Mailing Address 13890 NW 6 CT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

05012008 Chg-P CR2E034 (12/06)

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|-----------------------|-----------------------|
| City & State MIAMI | City & State MIAMI |
| Zip 33169 | Country |
| Zip 33168 | Country |

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|---|--------------------------------|
| 4. FEI Number 57-1172958 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WANG, HONG 9108 NW 105TH WAY MIAMI, FL 33178 | 7. Name and Address of New Registered Agent Name WANG HONG Street Address (P.O. Box Number is Not Acceptable) 13890 NW 6 CT City MIAMI FL Zip Code 33168 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | PSTD WANG, HONG 10320 KINGSBRIDGE ROAD ELLICOTT CITY, MD 21042 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input 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 |
| 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 |
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| 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 exemptions contained in Chapter 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: Hong Wang Date: 5/1/08 Daytime Phone #: 305-710-8896