





# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90028 038 \*\*\*150.00

<b>DOCUMENT # P03000112554</b> 1. Entity Name <b>QIHE LI, INC.</b>					
Principal Place of Business <del>6520 SW 41 STREET</del> <del>DAVIE, FL 33314</del>			Mailing Address <del>6520 SW 41 STREET</del> <del>DAVIE, FL 33314</del>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3975 NW 92 AVE</b> Suite, Apt. #, etc.		 03112005	
City & State _____		City & State <b>SUNRISE FL</b>		4. FEI Number <b>20-0292910</b>	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LI, QIHE</b> <del>6520 SW 41 STREET</del> <del>DAVIE, FL 33314</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3975 NW 92 AVE</b> City <b>SUNRISE</b> <b>FL</b> Zip Code <b>33351</b>			
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 <b>3/25/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May-1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LI, QIHE <del>6520 SW 41 STREET</del> <del>DAVIE, FL 33314</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LI, QIHE <del>6520 SW 41 STREET</del> <del>DAVIE, FL 33314</del>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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  DATE <b>3/25/05</b>		