


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000152730 1. Entity Name L.F. USA INC.	
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Principal Place of Business 2827 POINCIANA CIR COOPER CITY, FL 33026 US	Mailing Address 2827 POINCIANA CIR COOPER CITY, FL 33026 US
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07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1690056	Applied For Not Applicable
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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

YUNTAO, WEI
2827 POINCIANA CIRCLE
COOPER CITY, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000958744
09/02/08-80604-020 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP HUANG, CHAOZHI C 2827 POINCIANA CIRCLE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV YUNTAO, WEI 2827 POINCIANA CIRCLE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/08

Date

954-494-4842

Daytime Phone #