2006 FOR PROFIT CORPORATION ANNUAL REPORT

01-12-2006 90188 038 ***150.00 **DOCUMENT # P04000107624** 1. Entity Name AMERICAN INTERNATIONAL TRADE CENTER CORPORATION 40001310 Principal Place of Business Mailing Address 10693 WILES ROAD 10693 WILES ROAD **SUITE 222** SUITE 222 CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1296371 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROY, DAVID R PA: Street Address (P.O. Box Number is Not Acceptable) 4209 N FEDERAL HWY POMPANO BEACH, FL 33064 City Zip Code 8. The above named entry state the obligations of registered agent 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 01.06. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE **PVST** Delete TITE F Change ☐ Addition NAME WANG, LI NAME 5851 HOLMBERG ROAD #3524 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PARKLAND, FL 33067 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition WANG, LI NAME NAME STREET ADDRESS 5851 HOLMBERG ROAD #3524 STREET ADDRESS CITY- ST- ZIP PARKLAND, FL 33067 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7tP Delete TILE TITE ☐ Change Addition NAME NAME YUSS STREET ADDRESS STREET ADDRESS Wiles Road # 12. spoings, IL. CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition NAME NAME 0693 Wiles Road + STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE me ☐ Change ☐ Addition NAME rector NAME STREET ADDRESS STREET ADDRESS

FILED Jan 12, 2006 8:00 am

Secretary of State

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.

CITY-ST-ZIP

CITY-ST-7IP