## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 15, 2006 8:00 am Secretary of State

Date

Daytime Phone #

DOCUMENT # P04000111590  1. Entity Name					02-15-2006 90031 020 ***150.00	
DO NOT WRITE IN THIS SPACE					60015 <b>756</b>	
2. Principal Place of Business 3551 BLAIR STORE ROAD UNIT 11		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State TALLAHASSEE, FL		City & State			4. FEI Number 20-1574631	Applied For Not Applicable
Zip 32301	Country	Zip	Соц	untry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			-		7. Name and Address of Current Registered Agent Name	
e e	OO NOT W	DITE				
IN THIS SP			-	Street Addre	ress (P.O. Box Number is Not Acceptable)	
•						
				City	FL	Zip Code
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) DATE						
January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State				(NOTE, Negrou	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AI	ND DIRECTORS	11.			
TITLE NAME	PRESIDENT YANG, LIANG TONG	G	TITI			
STREET ADDRESS CITY-ST-ZIP	3551 BLAIR STONE TALLAHASSEE, FL	ROAD #111	STF	REET ADDRESS Y-ST-ZIP	5	
TITLE NAME STREET ADDRESS			TITI NAI STR		3	
_CITY-ST-ZIP	<del> </del>	<del></del>	CIT	Y-ST-7IP F		
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CITY-ST-ZIP TITLE			1333333333333	Y-ST-ZIP	NO N	
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CITY-ST-ZIP			CIT	Y-ST-ZIP		
TITLE NAME		•	TIT			
STREET ADDRESS CITY-ST-ZIP			STF	REET ADDRESS Y-ST-ZIP	5	
12. I hereby certify that t		-	not qualify for	the exemption s	stated in Section 119.07(3)(i), Florida S	
as if made under oat	ith; that I am an officer of	or director of the corpo	oration or the	receiver or truste	and that my signature shall have the see empowered to execute this report and an address, with all other like empore	as required by
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR