2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000118808 01-26-2005 90003 005 ***150.00 1. Entity Name **HUA ZHU CORPORATION** Principal Place of Business Mailing Address 3705 LAKE EMMA ROAD LAKE MARY FL 32746 3705 LAKE EMMA ROAD LAKE MARY FL 32746 66003102 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 1493643 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WANG, GUO HUA Street Address (P.O. Box Number is Not Acceptable) 3705 LAKE EMMA ROAD LAKE MARY FL 32746 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIPLE ☐ Ociete TETEF ☐ Change ☐ Addition WANG, GUO HUA NAME 3705 LAKE EMMA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP STD TITLE Detete TITLE ☐ Change ☐ Addition NAJAE CHEN, BAO ZHU NAME 3705 LAKE EMMA ROAD STREET ADDRESS STREET ADDRESS CITY-SI-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Addition Delete TITLE ☐ Change IWE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$1-78P DITE ☐ Delete İITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DILE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CI1Y-S1-71P TITLE ☐ Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

FILED

Mar 02, 2005 8:00 am