2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90247 032 ***150.00

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1. Entity Name
SHENZEN FRIENDSHIP TRADING CENTER U.S.A., INC.

66018341

04142005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4860 S.W. 193RD LANE SOUTHWEST RANCHES, FL 33332	4860 S.W. 193RD LANE SOUTHWEST RANCHES, FL 33332

2. Principal Place of Business	3. Mailing Address
5126 So. University Dr.	5126 So. University Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Florida	City & State: Davie, Florida
Zip: 33328 Country:	Zip: 33328 Country:

4. FEI Number 20-1975889 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARZILLO, SALVATORE JR. 4860 S.W. 193RD LANE SOUTHWEST RANCHES, FL 33332	Name: Street Address (P.O. Box Number is Not Acceptable): 5126 So. University Dr. City: Davie FL Zip Code: 33328

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARZILLO, SALVATORE JR. 4860 S.W. 193RD LANE SOUTHWEST RANCHES, FL 33332	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5126, So. University Dr. Davie, FL. 33328	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 954-434-1072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #