## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2008 8:00 am Secretary of State

Name	DOCUMENT # P0500001892  1. Entity Name INFINITI DIGITAL EQUIPMENT, INC.							90028 002 ***15	50.00
2. Principal Page of Blushess - No P.O. Box #   3. Malling Address   3	10500 NW 29 TERR		10500 NW 29 TERR			4001	.000		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   01032008   Chg. P   CR2E034 (12/06)	MIAMI, FL. 3.	3172	MIAMI, FL 331/2					! <b>40</b> !!! <b>60</b> !!! !  1164    14  14   11  14   11	
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	01032008	Chg-P	CR2E034 (12/06)	
S. Certificate of Sature Desired   Fee Flecuring			City & State			629	<del></del>		
Name	Zip	Country	Zip Coun		ntry	5. Certificate o	f Status Desired		
Street Address (P.C. Box Number is Not Acceptable)    Street Address (P.C. Box Number is Not Acceptable)		6. Name and Address of Current Re	egistered Agent			7. Name and A	ddress of New R	egistered Agent	
Street Address (P. O. Box Number is Not Acceptable)	<u>.</u>				Name				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hyperior printed trained frequences agent and site 4 approache. (MOTE: Registered Agent synature recursor are non-restance)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  DPST XU, MING	10500 NW 29 TERR				Street Address (P.O. Box Number is Not Acceptable)				
THE HOME! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS  TITLE  MAME STREET ADDRESS CITY-ST-2P  TITLE  MAME MAME STREET ADDRESS CITY-ST-2P  TITLE  MAME STRE					City			FL Zip Code	 e
THE HOME! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS  TITLE  MAME STREET ADDRESS CITY-ST-2P  TITLE  MAME MAME STREET ADDRESS CITY-ST-2P  TITLE  MAME STRE	8. The above	named entity submits this statement for t	he purpose of changing its	register	ed off-ce or registe	ered agent, or both	in the State of Flo	rida. I am familiar with.	and accept
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.    S5.00 May Be Added to Fees	the obligat	ions of registered agent.							
## After May 1, 2008 Fee will be \$550.00		Signature, typed or printed name of registered agent and	title if applicable. (NOTE	:: Registere	ed Agent signature require	ed when reinstating)		DATE	
TITLE NAME XU, MING XU, MING STREET ADDRESS 7391 SW 116 TERR MIAMI, FL 33156  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET						5.00 May Be ded to Fees			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		□ Delete □ Delete	TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI STRI STRI STRI STRI STRI STRI STRI	E ME EEI ADDRESS /-ST-ZIP E AE EET ADDRESS			☐ Change	☐ Addition

inducated 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR