

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000059757

FILED
Oct 05, 2006
Secretary of State

Entity Name: CLASSICAL CHINESSE MEDICINE CCM CORP

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

9555 N. KENDALL DR.
SUITE 104
MIAMI, FL 33176

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

10431 N. KENDALL DR. D-305
MIAMI, FL 33176

FEI Number: 20-2784744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

XU, GUORONG
10431 N. KENDALL DR. D-305
MIAMI, FL 33176 US

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.

SIGNATURE: GUORONG XU

10/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: XU, GUORONG
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: YAN, SHIMIN
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: XU, GUORONG
Address: 10431 N. KENDALL DR D-305
City-St-Zip: MIAMI, FL 33176

Title: VPD (X) Change () Addition
Name: YAN, SHIMIN
Address: 10431 N. KENDALL DR D-305
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUORONG XU

PSD

10/05/2006

Electronic Signature of Signing Officer or Director

Date