2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000092156



FILED Apr 11, 2008 8:00 am Secretary of State

Daytime Phone #

1. Entity Name CHINA ONE OF JACKSONVILLE INC.						04-11-2008 90049 027 ***150.00				
Principal Place of Business			Mailing Address			7				
465 STATE RD 13 STE 6			465 STATE RD 13 STE 6							
JACKSONVILLE, FL 32259			JACKSONVILLE, FL 32259			1				
						1 12011111 161	2010: Birin Gürri Pa rti da tı	1 23 11 3 1878 11	46) US PI FIJTS ST	#:FT1 (1 (TT)
Principal Place of Business - No P.O. Box # 3. Mailing Address										
2. 3 Titlotpair race of business - 140 r.O. box #			3. Maining Address						JOJ KOBBI BIKKO DI	HARAI II IRAI
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03282008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numb	er		Ar	oplied For
						33-112	2332		No	ot Applicable
Zip	Country		Zip	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add	
. 			···		1	<u> </u>			Fee Require	ed
	6. Name and Addre	7. Name and Address of New Registered Agent Name								
ZHENG, J	iAN X				Hame					
465 STATE RD 13 STE 6					Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32259			· · · · · · · · · · · · · · · · · · ·						
		*.								
		: •			City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e
R The above	named entity eulomite th	nie statement for th	e purpose of changing its	register	od office or registr	orod agent or be	th in the State of Ele		formiliar with	and coccet
	ions of registered agent		e purpose or crianging its	register	ed office of registe	ered agent, or bo	in, in the State Of Flo	ilioa. Tairit	anna win,	and accept
SIGNATURE_	Signature, typed or printed name	d Agent signature require	ed when reinstating)		DATE					
FIL After Ma	E NOW!!! FEE IS ! ay 1, 2008 Fee wi	\$150.00 II be \$550.00	9. Election Campai Trust Fund Contr		· ,_, •.	5.00 May Be ded to Fees				
10.	0	FFICERS AND DIF	RECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	DP		☐ Delete	TITLE	£				☐ Change	☐ Addition
NAME	ZHENG, JIAN X			NAM						
STREET ADDRESS CITY-ST-ZIP	465 STATE RD 13 S				ET ADDRESS					
	JACKSONVILLE, FL	_ 32239		-	-ST-ZIP	·····-				
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP					
	earlify that the information	n cumplied with thi	s filing does not availe to			od in Chapter ***	Florida Statuta	further ==::	ifu that the '	oformatic
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.										