2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P05000105189 1. Entity Name LANDMARK INTERNATIONAL TRADING CO., INC.				01-23-2006 90037 022 ***150.00		
Principal Place of Business 2801 NW 74TH AVE SUITE 203 MIAMI, FL 33122 Miami, FL 33122 Miami, FL 33122 Miami, FL 33122			E 203			
2. Principal Place of Business 10125 NW 116 Way. 10125 NW 11			116 W			
<i> 10 25</i> Suite, Apt.	(614 1 1 1 1 1 1 1 1 1					
	Suite 6	Suite, Apt. #, etc.	6	01112006 Chg-P CR2E034 (11/05)		
City & Stat	Mealey.	City & State Med1	ey	4. FEI Number Applied For Not Applicable		
^{Zip} 331	78 Country FL	Zip 331)8	Country /= (5. Certificate of Status Desired Security Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
GUO, PHILIP			Name			
2801 NW 74TH AVE SUITE 203 MIAMI, FL 33122			Street A	Street Address (P.O. Box Number is Not Acceptable)		
	·		City	FL 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 X 201/18/06						
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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND DPT	_	11. 🗸	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	HUANG, HONG	☐ Delete	TITLE NAME	OPT HUANG, HONG Schange Addition		
STREET ADDRESS CITY-ST-ZIP	2801 NW 74TH AVE SUITE 203 MIAMI, FL 33122		STREET ADDRESS CITY-ST-ZIP	10125 NW 116 Way . 5+8 6 Medley , FL 33178		
TITLE	DS 35122	☐ Delete	TITLE	DS LIU, SHIYONG Dange Addition		
NAME	LIU, SHIYONG		NAME	10125 NW 116 Way . Ste 6		
STREET ADDRESS CITY-ST-ZIP	2801 NW 74TH AVE SUITE 203 MIAMI, FL 33122		STREET ADDRESS CITY-ST-ZIP	medley FL 33178		
THLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME Street Address			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CiTY-ST-ZIP			
TITLE N am e		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		_	CITY+ST-ZIP			
NAME		Delete	TITLE NAME	Chānge		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	4		CITY-ST-ZIP			
12. Thereby 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 officier or director of the comparation of the						

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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

71/18/06

305-883-18515

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