
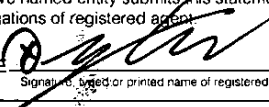
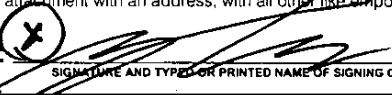


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90034 028 \*\*\*150.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # P05000123252</b><br>1. Entity Name<br>HOME RUN IMPORT & EXPORT (USA) CORP.   |   |  |  |  |  |
| Principal Place of Business<br>8020 NW 33 ST.<br>MIAMI, FL 33122 US  |   |  | Mailing Address<br>18999 BISCAYNE BLVD<br>STE 205<br>AVENTURA, FL 33180 US   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 01162008 Chg-P CR2E034 (12/06)  |  |
| 4. FEI Number<br>20-3434102  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>ZHANG, YACHUAN<br>10720 NW 66 ST APT 441<br>MIAMI, FL 33170   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>8020 NW 33 STREET<br>City DORAL FL Zip Code 33122 |   |  |
| 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.<br>SIGNATURE  Yachuan Zhang President DATE 03/03/08<br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ZHANG, YACHUAN<br>10720 NW 66 ST 441<br>MIAMI, FL 33170    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 9202 SW 73rd Rd.<br>Pinecrest, FL 33156   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JHY- CHERNG, HUANG<br>8020 NW 33 ST.<br>DORAL, FL 33122    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 9202 SW 73rd Rd.<br>Pinecrest, FL 33156   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ZHANG, YACHUAN<br>10720 NW 66 ST 441<br>MIAMI, FL 33170    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 9202 SW 73rd Rd.<br>Pinecrest, FL 33156   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>YI PING, LANG DE FUNG<br>8020 NW 33 ST.<br>DORAL, FL 33122 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 9202 SW 73rd Rd.<br>Pinecrest, FL 33156   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |   |  |  |   |  |
| SIGNATURE   |   |  | Date 03/03/08  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Daytime Phone #  |   |  |