2008 FOR PROFIT CORPORATION

Jan 22, 2008 8:00 am **Secretary of State ANNUAL REPORT** 01-22-2008 90068 036 ***150.00 DOCUMENT # P06000037666 CHEETAH GROUP CORPORATION 400013000 Principal Place of Business Mailing Address 9840 SW 23RD TERRACE 9840 SW 23RD TERRACE MIAMI, FL 33165-7557 MIAMI, FL 33165-7557 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4503664 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIU, CHI-TE Street Address (P.O. Box Number is Not Acceptable) 9840 SW 23RD TERRACE MIAMI, FL 33165-7557 City 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 (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD ☐ Delete TITLE ☐ Change ☐ Addition LIU. CHI-TE NAME NAME STREET ADDRESS 9840 SW 23RD TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331657557 CITY-ST-ZIP VTSD Change TITLE ☐ Delete TITLE Addition QUINTANA-LIU, MARIA V NAME NAME 9840 SW 23RD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331657557 CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED