
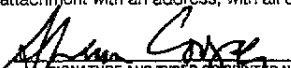


FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

07 FEB 15 PM 12:57

DOCUMENT # P06000080013			
1. Entity Name SINO-AMERICAN SYSTEMS, INC		07 FEB 15 PM 12:57	
Principal Place of Business 9737 NW 41 STREET #461 DORAL, FL 33178		Mailing Address 9737 NW 41 STREET #461 DORAL, FL 33178	
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
4. FEI Number		02012007 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOPER, SHAWN 9737 NW 41 STREET #461 DORAL, FL 33178		Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 P NAME TAYLOR, PAUL D STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V NAME COOPER, SHAWN STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME O'LEARY, KEVIN STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME COXIN, SHARON STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  02-02-07		305-219-2550	