

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000116746**  
1. Entity Name  
**CHINA GLOBAL ALLIANCE CORP.**



Principal Place of Business      Mailing Address  
**8001 W 26TH AVENUE**      **8001 W 26TH AVENUE**  
**SUITE 4**      **SUITE 4**  
**HIALEAH, FL 33016**      **HIALEAH, FL 33016**

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

*1298 NW 144 Terrace*  
*Pembroke Pines Fl*  
*33028*



03272007      Chg-P      CRZE034 (12/06)

4. FEI Number      Applied For  
**20 551 9773**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARRASCO, RUBRIA**  
**8001 W 26TH AVENUE**  
**SUITE 4**  
**HIALEAH, FL 33016**

7. Name and Address of New Registered Agent  
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: *R Carrasco*      DATE: *3/28/07*  
Signature typed in printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>CARRASCO, RUBRIA</b>	<b>8001 W 26TH AVENUE #4</b>	<b>HIALEAH, FL 33016</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *R Carrasco*