

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076159

FILED  
May 23, 2011  
Secretary of State

**Entity Name:** COMBINE INSTRUMENTS (USA) INC.

**Current Principal Place of Business:**

4301 E VALLEY BLVD  
D2  
LOS ANGELES, CA 90032

**New Principal Place of Business:**

9460 TELSTAR AVE,  
SUITE D-5  
EL MONTE, CA 91731

**Current Mailing Address:**

819 SILVER FIR ROAD  
WALNUT, CA 91789

**New Mailing Address:**

9460 TELSTAR AVE,  
SUITE D-5  
EL MONTE, CA 91731

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YE, CIPING  
Address: 9460 TELSTAR AVE, SUITE D5  
City-St-Zip: EL MONTE, CA 91731

Title: T  
Name: LIU, MIN  
Address: 9460 TELSTAR AVE, SUITE D5  
City-St-Zip: EL MONTE, CA 91731

Title: S  
Name: YE, CIPING  
Address: 9460 TELSTAR AVE, SUITE D5  
City-St-Zip: EL MONTE, CA 91731

Title: CEO  
Name: YE, CHPING  
Address: 9460 TELSTAR AVE, SUITE D5  
City-St-Zip: EL MONTE, CA 91731

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YE, CIPING

CEO

05/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date