FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

FILED Apr 23, 2002 8:00 am Secretary of State

DOCUMENT # P930000 78486 1. Entity Name Masson Computer Consulting Co.				04-23-2002 90430 026 ***150.00					
DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business 9231 SW 71 ST	S T 3. Mailing Address								
Suite, Apt. #. etc.	Suite, Apt. #. etc.	Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE				
City & State FL	City & State			4. FEI Number Applied For Not Applicable					
Zip 3173 Country 1 SA	Zip	Country			atus Desired 38.7		75 Additional Required		
S. E. S. W. M. W. W.		- Name	7. N	ame and Address of Current F					
DO NOT WRITE IN THIS SPACE		Street Addre	ss (P.O. I	Box Number is Not Acceptable)					
		· City	FL Zip Code						
8. The above named entity submits this statement	nt for the purpose of changing its	registered office or regi	stered aç	gent, or both, in the State of Flor		<u>l </u>			
SIGNATURE Signature, typed Interdirect the of registered in	gentand title if app Cab' (NOTE	: Registered Agent signature req	ared væen r	enstrum) 4	/13/2	2002	<u>-</u>		
9. This corporation is eligible to satisfy its Intanc	January 1 - M	ay 1 Fee is \$150.00		T					
Tax filing requirement and elects to do so. (See criteria on back)	1, Fee is \$550.00 I UBR is \$61.25 le to Department of S	State	10. Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees			
	ND DIRECTORS	7							
NAME KALVANIA	ANG	TITLE NAME					1000		
STREET ADDRESS KALYANG	7"4	STREET ADDRESS					01/ aVe		
CITY-ST-ZIP Mami	33173	CITY ST ZIP							
TITLE	- , , , -	HILE					1 1		
NAME STREET ADDRESS		NAME					Ş		
CITY-ST-ZIP		STREET AODRESS CITY+ST ZIP							
TITLE		TITLE			.				
NAME		NAME					1		
STREET ADDRESS	<u>.</u>	STREET ADDRESS		DO NOT V	A/DIT	-=	-		
CITY-ST-ZIP		CITY-ST-ZIP		DO NOT V	AKII				
TITLE NAME		TITLE		IN THIS S	PAC	F			
STREET ADDRESS		NAME STREET ADDRESS				_			
CITY-ST-ZIP		CITY ST-ZIP							
TITLE		NILE							
NAME		NAME							
STREET ADDRESS		STREET ADDRESS							
CITY-ST-ZIP		CITY - ST - ZIP		W. W. L.					
TITLE		TITLE							
NAME STREET ADDRESS		NAME STREET ADDRESS							
CITY- ST-ZIP		CITY ST ZIP							
13. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee attachment with an address with all control to the corporation.	with this filing does not qualify for rt is true and accurate and that m empowered to execute this report	the exemption stated in y signature shall have th as required by Chaptel	Section 1 le same l 607, Flo	19.07(3)(i), Florida Statutes. I fi egal effect as if made under oa rida Statutes; and that my nam	urther certify th; that I am e appears ir	that the in an officer 1 Block 11	iformation or director or on an		

LIANG, KAIYANG 4/13/2002 (305)279 2870