

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90399 004 \*\*\*150.00

**DOCUMENT # P94000066996**

1. Entity Name  
**CHINA H.K. (U.S.) CAPITAL LTD., INC.**



Principal Place of Business  
**9050 NW 28TH ST  
#121  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**9050 NW 28TH ST  
STE 121  
CORAL SPRINGS, FL 33065 US**

**44030547**



2. Principal Place of Business  
**5111 W Oakland Park Blvd**  
Suite, Apt. #, etc.  
**308**

3. Mailing Address  
**5111 W Oakland Park Blvd**  
Suite, Apt. #, etc.  
**308**

02062004 Chg-P CR2E034 (10/03)

City & State  
**Lauderdale Lakes**  
Zip  
**33313**

City & State  
**Lauderdale Lakes**  
Zip  
**33313**

4. FEI Number  
**65-0537717**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHE, LI**  
**9050 NW 28TH STREET**  
**121**  
**CORAL SPRINGS, FL 33065**

**5111 W Oakland Park Blvd**  
**308**  
**Lauderdale Lakes, FL 33313**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | CHE, LI                   |                                 |
| STREET ADDRESS | 9050 NW 28TH STREET, #121 |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33065   |                                 |
| TITLE          | M                         | <input type="checkbox"/> Delete |
| NAME           | XIN, JIANFEI              |                                 |
| STREET ADDRESS | 9050 NW 28TH STREET, #121 |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33065   |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | GAO, XIAOYAN              |                                 |
| STREET ADDRESS | 9050 NW 28TH STREET, #121 |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33065   |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |                                |                                                                              |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE          | President                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |                                                                              |
| STREET ADDRESS | 5111 W Oakland Park Blvd, #308 |                                                                              |
| CITY-ST-ZIP    | Lauderdale Lakes, FL 33313     |                                                                              |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |                                                                              |
| STREET ADDRESS | 5111 W Oakland Park Blvd, #308 |                                                                              |
| CITY-ST-ZIP    | Lauderdale Lakes, FL 33313     |                                                                              |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |                                                                              |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |                                                                              |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |                                                                              |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]* **Li Che, President** **2/6/04** **954-485-3937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #