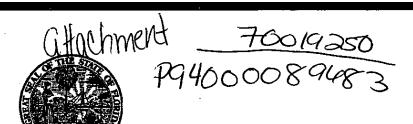
2003 FOR PROFIT CORPORATION

FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90959 001 ***150.00

1. Entity Nar		000089683		
Principal Place of Business 2698 NW 39ST. BOCA RATON FL 33434 US		Mailing Address P.O. BOX 811315 BOCA RATON FL 33481		
2. Principal	Place of Business	3. Mailing Address	. –	L raditant the rath profit profit parts adolt bases taken taken trees diver them bit 1986.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Sta	ite	City & State		4. FEI Number 65-0574069 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
- + A.	6. Name and Address of Cu	rrent Registered Agent	·	7. Name and Address of New Registered Agent
1001 0111	MADA		Name	
JOSLOW, KARL 2698 NW 39 STREET			Street Addr	ess (P.O. Box Number is Not Acceptable)
BOCA RA	TON FL 33434		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9 .		•	City	FL Zip Code
8. The above the obliga-	e named entity submits this statemations of registered agent.	ent for the purpose of changing it	s registered office or rec	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NO	TE: Registered Agent signature re	oquited when reinstaning) DATE
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$55 k Payable to Florida Departme	0.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Min, Lynn 2698 NW 39 Street Boca raton FL 33434	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY STAZIR	DVTS JOSLOW, KARL 2698 NW 39 STREET BOCA-RATON-FL-33434	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition B
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition _
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or supplemental rep	ion is true and accurate and that n	as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if



FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State

January 30, 2003

SHIBAO INTERNATIONAL, INC. P.O. BOX 811315 BOCA RATON, FL 33481

Subject: SHIBAO INTERNATIONAL, INC.

Reference Number:

P94000089683

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION