

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

0191191 AV

04-18-2002 90396 042 ***150.00

DOCUMENT # P95000002436
 1. Entity Name
AEROMATRIX, INC. (USA)

Principal Place of Business 2622 NW 72ND AVE MIAMI FL 33122 US	Mailing Address 2622 NW 72ND AVE MIAMI FL 33122 US
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2. Principal Place of Business Suite, Apt. #, etc. 16155 SW 117 AVE, STE B16 City & State Miami, FL	3. Mailing Address Suite, Apt. #, etc. 16155 SW 117 AVE, STE B16 City & State Miami, FL
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DO NOT WRITE IN THIS SPACE

Zip 33177	Country USA	Zip 33177	Country USA
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4. FEI Number 65-0547952 65-0547953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
XU, MING
2622 NW 72ND AVE
MIAMI FL 33122

7. Name and Address of New Registered Agent
 Name: **XU, MING**
 Street Address (P.O. Box Number is Not Acceptable):
16155 SW 117 Ave., STE B16
 City: **Miami** FL Zip Code: **33177**

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.
 SIGNATURE: **Ming Xu** DATE: **April 08, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete XU, MING 2622 NW 72ND AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZHANG, ZHIHONG 2622 NW 72ND AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Delete LIAN, SONG 2622 NW 72ND AVE MIAMI FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ming Xu** Date: **April 08 2002** Daytime Phone #: **305 6776333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)