## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000043492**1. Corporation Name

SHANDONG RUSINESS GROUP INC

**FILED** Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90090 014 \*\*\*150.00

	nia bosiness alloor, ii									
Principal Place of Business			Mailing Address						<del></del> =	
9370 SW 72ND ST A270			9370 SW 72ND ST A270					DO NOT WIDITE IN THE CRACE		
MIAMI FL 33173 MIAMI FL 33173								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
us us							,	06/06/1995		
a Bringing P	loco of Puninose		Mailing Address					4 FEI Number   Applied For	$\dashv$	
2. Principal Place of Business 2a. Mailing A			, maining / hadross	ng / ida/coo				65-0588025 Not Applica		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Additional	—4	
22 27			7					5. Certificate of Status Desired Fee Required		
City & State City & State								6. Election Campaign Financing \$5.00 May Be	$\neg$	
23 28			8					Trust Fund Contribution Added to Fees		
Zip Country			Zip Country					8. This corporation owes the current year Intangible	Ì	
24	25	29		30				Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Regis	stered Agent		T			10. Name and Address of New Registered Agent		
	Olive			İ	81	Name				
HOU, QIKE 9345 SW 77TH AVE				Ţ	82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
STE #100				ſ	83				7	
MIAN	AI FL 33156			-	84	City		85 Zip Code		
l				1	_	-		FL   "		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOTE	: Registered /	Agent	t signature	required v	when reinstating) DATE	;	
12.	OFFICERS A	ND DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	D		☐ DELETE	1,1 TITI	E			Change Add	וויטטוו,	
NAME	HOU, QIKE			1.2 NA						
STREET ADDRESS	9345 SW 77TH AVE STE #10	0		1.3 STF	REET	ADDRESS			[ j	
CITY-ST-ZIP				1,4 CIT		-ZIP	<u> </u>	☐ Change ☐ Ado	(	
TITLE	<u>.</u>		2.1 TIT			İ	□ Citalige □ Au	.uoii		
NAME	Colta, mbolta			2.2 NAJ			l		- {	
STREET ADDRESS					2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156			_	2.4 CITY-ST-ZIP 3.1 TITLE		┼	☐ Change ☐ Add	fition	
TITLE				3.1 III			{			
NAME STREET ADDRESS						ADDRESS				
STREET ADDRESS				3.4. CI						
CITY-ST-ZIP TITLE			□ DELETE	4.1 707		1-21-	<del> </del>	☐ Change ☐ Ado	tition	
NAME				4. 2 NA	ME					
STREET ADDRESS						ADDRESS			Ì	
CITY-ST-ZIP				4 4 CIT				and the second s		
TITLE			☐ DELETE	5.1 TITI	_			☐ Change ☐ Add	lition	
NAME				5.2 NA	ME				1	
STREET ADDRESS				5.3 STF	REET	ADDRESS				
CITY-ST-ZIP				5.4 CIT	Y-Sī	r-ziP				
TITLE			☐ DELETE	6.1 TIT	LE			☐ Change ☐ Add	lition	
NAME				6.2 NA	ME				}	
STREET ADDRESS				6.3 ST	REET	ADDRESS	1			
CITY-ST-ZIP				6.4 CIT	Y-ST	r-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: