FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060209

1. Entity Name

NEIHU INVESTMENTS, INC.

attachment with an address, with all other like empowered.

SIGNATURE:



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90655 007 ***150.00

94080644

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 5901 SUN BLUD Same As Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 202 City & State Applied For City & State 4. FEI Number 59-332912 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired ΰ'S A Fee Required 7. Name and Address of Current Registered Agent iriam Berger DO NOT WRITE (P.O. Box Number is Not Acceptable) suite IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in We State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) President TITLE TITLE LNG CHUNG-ME I NAME NAME 571 Woodstork LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA TITLE Treasuper NAME NAME AMY H. 571 Woodstork LN STREET ADDRESS STREET ADDRESS 33982 CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-209 TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 on an

resident