## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2008 8:00 am Secretary of State

DOCUMENT # P95000061608  1. Entity Name GUANGLI, INC.								03-13-200	8 90041 0	18 ***15	50.00
Principal Place of Business Mailing Address							<b>1</b> :				
10851 SW 40TH ST				18999 BISCAYNE BLVD.							
MIAMI, FL 33165 US				#205 Miami, FL 33180 US							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01162008	Chg-P	CR2E0	34 (12/06)	
City & State				City & State			4. FEI Numb				plied For
· ,							65-060				t Applicable
Žip		Country		Zìp	Cour	ntry	5. Certificate	of Status Desired	-0 -	<b>\$8.75</b> ·Add Fee Require	litional
	6. Name	and Address of Cu	rrent Regis	stered Agent	.ł. <u></u>		7. Name and	d Address of New			-
TAM, KWOK Y						Name					
10851 S.W. 40 STREE取						Street Address	(P.O. Box Numb	er is Not Acceptat	ole)		
MIAMI, FL 33165								<del></del>			
						City				Zip Code	e
8 Trie above	named entit	y submits this statem	ent for the i	ourgose of changing its	s reniste	1 .	erod agent or by	oth in the State of I	FL Borida Large	1 '	
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											
	Signature, typed	or printed name of registered	d agent and title	if applicable. (NOI	E: Register	ed Agent signature require	ed when reinstating)	1	DATE		
		FEE IS \$150.0 8 Fee will be \$5		9. Election Campa Trust Fund Con		*	5.00 May Be ded to Fees				
10.		OFFICERS	AND DIRE		11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
NAME TAM, KWOK Y				Delete	TITI NAR	<u> </u>				☐ Change	☐ Addition
STREET ADDRESS 10851 S.W. 40 STREET					EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL	_ 33165			_	Y-ST-ZIP					
TITLE NAME				Delete	TITL NAM	<b>I</b>				☐ Change	☐ Addition
STREET ADDRESS					STR	EET ADURESS					
CITY-ST-ZIP						Y-ST-ZIP			<del></del>		
TITLE NAME				- □ Delete	I TITL NAM	i		•	•	☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP						Y-ST-ZIP					
TITLE NAME				☐ Delete	TITL	l l				☐ Change	Addition
STREET ADDRESS						EET ADORESS					
CITY-ST-ZIP					_	Y-ST-ZiP					
TITLE NAME				☐ Delete	TITL					Change	☐ Addition
STREET ADDRESS						EET ADDRESS					ļ
CITY-ST-ZIP						Y-S1-ZIP					
TITLE NAME				☐ Delete	TITL					☐ Change	Addition
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP						Y-ST-ZIP			_		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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: @ Kuok Yaon Transport (8) 3-10-08											
SIGNAL	UKE: \	SIGNATURE AND TYPE	ED OR PRINTER	NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Di	aytime Phone #	