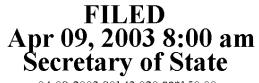
2003 FOR PROFIT CORPORATION

Principal Place of Business Mailing Address

UNIFORM BUSINESS REPORT (UBR P96000003838 DOCUMENT # 1. Entity Name DCOFA CORPORATION



04-09-2003 90143 020 ***150.00

11993 NW 13 PEMBROKE P		11993	11993 NW 13TH ST. PEMBROKE PINES FL 33026				I ATRIOTO NO IRAO ANA SON DON BON GO	14 44144 14 4 1 4 0 1			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mai	3. Mailing Address Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
		Suit									
City & Stat	е	City	City & State			4.	4. FEI Number 65-0635624		Applied For Not Applicable		
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required			dditional		
	6. Name and Address of Curre	nt Registere	Registered Agent			7. Name and Address of New Registered Agent					
					-Name]-	
CHEN, SO	ONG Q		Street Addre			oss (BO E	s /PO Box Number is Not Acceptable)				
11993 NV	V 13 TH ST.		51			Street Address (P.O. Box Number is Not Acceptable)					
PEMBRO	KE PINES FL 33026									ĺ	
					City			Zip Co	ode	l	
	ions of registered agent. Signature, typed or printed name of registered agent.				d Agent signature re		gent, or both, in the State of Florida. I ar		and accept		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department		State				Election Campaign Financing Trust Fund Contribution.	\$5.	.00 May Be ed to Fees		
10.	OFFICERS AN	ID DIRECTO	RS	11.		AC	DDITIONS/CHANGES TO OFFICERS AF	VD DIRECTO	RS IN 11		
TITLE	DP		Delete	TITLE	<u> </u>			☐ Change	Addition	١.	
NAME	CHEN, SONG Q			NAM	ſ					Į.	
STREET ADDRESS 11993 NW 13TH ST.					ET ADDRESS					١.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026			CITY	-ST-ZIP					ļ	
TITLE	VP		Delete	TITLE				☐ Change	Addition	8	
NAME	BEIPING, CHEN 11623 N.W. 11ST			NAM	· · · · · · · · · · · · · · · · · · ·					1	
STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL				ET ADDRESS -ST-ZIP					İ	
	TEMBRORE INCO C		Прин	TITLE	-			☐ Change	Addition	i	
TITLE NAME			☐ Delete	NAMI				☐ Change	☐ Addition	}	
STREET ADDRESS		·		≃===	ET ADDRESS			=		-	
CITY-ST-ZIP				CITY	-ST-ZIP					ľ	
TITLE			☐ Delete	TITLE	:			☐ Change	Addition	١	
NAME				NAM	Ξ						
STREET ADDRESS				STRE	ET ADDRESS					ĺ	
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE				Change	☐ Addition		
NAME				NAM							
STREET ADDRESS	,				ET ADORESS					1	
CITY-ST-ZIP				CITY	·ST-ZIP					1	
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	ĺ	
NAME				NAM							
STREET ADDRESS				•	ET ADDRESS		-			ĺ	
TIV_SI.7IP				■ CITA	C (71D						

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Signature Requirses