## 2004 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

## Jan 24, 2004 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # P96000016818** 1. Entity Name XARCO, INC. Principal Place of Business Mailing Address % MS. WINNIE NG, CPA 11920 SW 8TH STREET MIAMI, FL 33184 US 1254 41ST STREET BROOKLYN, NY 11218 01112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applit d For 65-0659200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONG, XIABING DO NOT WRITE 11920 SW 8TH ST MIAMI, FL 33184 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 the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agerit and tale if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Electron Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GONG, XIAOBING NAME STREET ADDRESS 11920 SW 8TH ST U00000013833 01/26/04-80069-021 150.00 CITY ST ZIP MIAMI, FL 33184 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY ST 7/P TITLE NAME STREET ADDRESS

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 chapter 607, and attachment with an address, with all office like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED