2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P96000044453 1. Entity Name 128 CHINESE, INC.							04-13-2007	90185 010	***150	0.00
Principal Place of Business 12626 RINGWOOD AVENUE ORALANDO, FL 32837			ailing Address 2626 RINGWOOD AVE BRALANDO, FL 32837	· .	s .					
Principal Place of Business - No P.O. Box #					.,					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052007	Chg-P	CR2E034	(12/06)	
City & State			City & State			4. FEI Numb	-			plied For t Applicable
Zip	Country		Zip Coun		у	5. Certificate of Status Desired Sa.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
ZHEING C	NIANI ILINI				Name					
ZHEING, QIAN JUN 12626 RINGWOOD AVENUE ORLANDO, FL 32837					Street Address (P.O. Box Number is Not Acceptable)					
					City			- .	Zip Code	e
				j	·			FL		
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.										
the obligations of registered agent.										
SIGNATURĖ	Signature, hyperior propried name of	ranjetovad anant and httla	ž anglicable (NOT)	E Darnetorari	Agent elegative require	dubes resettion		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					· · · · · · · · · · · · · · · · · · ·	.00 May Be ded to Fees	ļ			
10.	OFF	CTORS		ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11		
TITLE	DP Dele			TITLE] Change	☐ Addition
NAME	ZHENG, QIAN JUN			NAME						
STREET ADDRESS	13642 HAWKEYE DR				T ADDRESS					
CITY-ST-ZIP				CITY-S	51-219					
TITLE NAME	「VPSD □ Delete IIII NA							Ĺ] Change	☐ Addition
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NAME			☐ Delete	NAME				L,	J OHAHQE	☐ Addition
STREET ADDRESS					T ADDRESS					
CITY-SI-ZIP				CITY-S		,				
of the cor	certify that the information s on this report or suppleme poration or the receiver or	intal report is true : trustee empowere	and accurate and that r	my signatu Las require	ire shall have the	same legal effe	ct as if made under	oath; that I am	an officer	or director

Wir Jun Wheny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

SIGNATURE: