## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 10, 2008 8:00 am Secretary of State DOCUMENT # P96000052282 03-10-2008 90056 039 \*\*\*150.00 UNITED INTERNATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address 40041486 15669 SW 54TH COURT 18999 BISCAYNE BLVD., STE. 205 HOLLYWOOD, FL 33027 US N. MIAMI BEACH, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0677017 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \_ ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHU, SHAO HUA 18999 BISCAYNE BLVD., STE. 205 Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BEACH, FL 33180 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. → ○ OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE ☐ Delete ☐ Change Addition ZHU, SHAO-HUA NAME NAME STREET ADDRESS 18999 BISCAYNE BLVD., STE. 205 STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL 33180 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

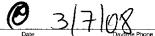
STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP



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