## ,2005 FOR PROFIT CORPORATION

## **FILED** Feb 14, 2005 08:00 AM

*	ANTOMEN	LF OK I		_	~ ~ ~	, 2000 000011	
1. Entity Nar	MENT # P9600009255 E CHINA INC.	3			Seci	retary of State	
1225 W. 45 NO. 503	ce of Business M TH STREET 5 BEACH, FL 33407 US	NUE	1	IN 18118 BIES BRIEF KRIII FRI	II ARIIS IRIIT JANI SIINI BSEN    JUGS    (NE)		
DO NOT WRITE IN THIS SPAC				02012005	No Chg-P	CR2E034 (10/03)	
			CE	4. FEI Numb 65-070 5. Certificate		Applied For Not Applicable  \$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
ZHOU, RUI-FEN 5333 BLUE BERRY HILLS AVENUE LAKE WORTH, FL 33463			DO NOT WRITE 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 agent and title if applicable (HOTE Registered Agent signature required when reinstalling)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution				00 May Be ed to Fees	U00000 02/14/05-	228924 80057-024 150.00	
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHOU, RUI-FEN 5333 BLUE BERRY HILLS AVENUE LAKE WORTH, FL 33463						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QIU, ZIYAN 5333 BLUE BE <u>RRY</u> HILLS AVENUE LAKE WORTH, FL 33463						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-				

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

\*\*PREST DENT\*\*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUI-FEN ZHOU

02/11/05

(561) 863-3688

Date

Daytime Phone #