

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P97000006332



1. Entity Name

SHOUGANG MIAMI, INC.

02-25-2004 90080 001 \*\*\*150.00

02-25-2004 90080 002 \*\*\*\*\*5.00

02-25-2004 90080 003 \*\*\*\*\*8.75

Principal Place of Business

8229 NW 68 ST.  
MIAMI FL 33166

Mailing Address

8229 NW 68 ST.  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0717219

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONG, LI  
8229 NW 68 ST.  
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HONG, LI  
STREET ADDRESS 8275 SW 152 AVE. #210  
CITY-ST-ZIP MIAMI FL 33193

TITLE PD ☒ Change ☐ Addition  
NAME HONG, LI  
STREET ADDRESS 10501 SW 108 AVE A-103#  
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME XINGSHENG WANG  
STREET ADDRESS Av. Republica De Chile No262  
CITY-ST-ZIP 3er Piso-Jesus Maria Lima-11 Peru 1229-Lima-1

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME YIXIN TAN  
STREET ADDRESS Building-3# Shijingshan District-Beijing-  
CITY-ST-ZIP Beijing 100043

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME HAN, LIU  
STREET ADDRESS Av. Republica De Chile No262  
CITY-ST-ZIP 3er Piso-Jesus Maria Lima-11 Peru 1229-Lima-1

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 10, 2004

Date

788 845 0666

Daytime Phone #