2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P97000091441 1. Entity Name HOA, HUA, INC. Mailing Address Principal Place of Business 6131 S. TAMIAMI TRAIL 6131 S. TAMIAMI TRAIL SARASOTA, FL SARASOTA, FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite. Apt. #, etc. 03122004 Chg-P CR2E034 (10/03) 4. FE! Number Applied For City & State City & State 65-0789581 Not Applicable Žip Country Zip 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 Name MUI, WANDA Street Address (P.O. Box Number is Not Acceptable) 3639 CORTEZ RD. W., SUITE 120 BRADENTON, FL 34210 City Zıp 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 DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change noilibbA ... TITLE NAME LAN, DA XING NAME UAAA001138764 04/29/04-90092-022 150.00 6131 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP SARASOTA, FL Delete 10TLE ☐ Change □ Addition TITLE NAME LU. HONG ZHONG NAME STREET ADDRESS 6131 S. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL ☐ Addition Delete Change TITLE TITLE LU, TONG Z NAME NAME 6131 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL Delete TITLE Change Addition TITLE NAME LU, HONG HUA NAME STREET ADDRESS STREET ADDRESS 6131 S. TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL Addition TITLE ☐ Delete TITEF Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED