**FILED** 

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2003 8:00 am Secretary of State P97000102224 DOCUMENT # 1. Entity Name 04-07-2003 90943 042 \*\*\*150.00 CHINA LING, INC. Principal Place of Business Mailing Address 3335 E. OAKLAND PARK BLVD. 3335 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0801124 Not Applicable 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 Name LING. WU JIAO Street Address (P.O. Box Number is Not Acceptable) 3335 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33308 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LING, WU JIAO NAME NAME STREET ADORFS 3335 E. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition TITI F NAME NAME LING, KA HUNG STREET ADDRESS STREET ADDRESS 3335 E. OAKLAND PARK BLVD. CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE ☐ Delete → TITLE ---☐ Change noitibhA [ ] 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-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME 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 acqurate 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 hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver or hustee empowered to

changed, or on an attachment with