

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90147 025 ***150.00

DOCUMENT # P98000078565



1. Entity Name
XI LI U.S.A., INC.

Principal Place of Business
**3109 STIRLING ROAD
SUITE 101
FT. LAUDERDALE FL 33071**

Mailing Address
**3109 STIRLING ROAD
SUITE 101
FT. LAUDERDALE FL 33071**



2. Principal Place of Business
3107 Stirling Road

3. Mailing Address

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.

City & State
FT. Lauderdale, FL

City & State

4. FEI Number **65-0865546**

Applied For
Not Applicable

Zip **33312** Country **Broward**

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZHOU, LINFENG
3109 STIRLING ROAD
SUITE 101
FT. LAUDERDALE FL 33312**

Name **ZHOU, Linfeng**
Street Address (P.O. Box Number is Not Acceptable)
3107 Stirling Road, Suite 106
City **Ft. Lauderdale, FL** Zip Code **33312**

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 **Xiao Wen**

DATE **1-21-03**

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, 2003 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	D <input type="checkbox"/> Delete
NAME	YAN, XIAOWEN
STREET ADDRESS	11759 SW 1ST STREET
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Xiao Wen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-21-03**

DAYTIME PHONE # **(954) 983-6176**

CR2E034 (10/02)